Clinical Lecture
ON
THE TREATMENT OF PROSTATIC RETENTION OF URINE.

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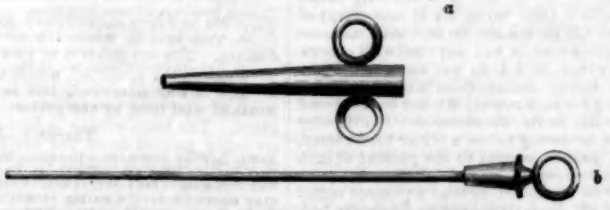
GENTLEMEN,—It is the chief object of my lecture to-day to ask your attention to some modifications in the instruments for the treatment of prostatic cases which I have been in the habit of employing during the last few years. The first which I will allude to is the catheter which I now show. (See Fig. 1.) It is of metal, of large size, and with a long curve; and differs only from that which since the time of Sir Everard Home has been known as the "prostate catheter" in the position and size of its eye. Instead of there being two eyes, one on each side, there is a single large one placed in front, at a short distance from the end. The object of this is to permit the introduction of a piece of india-rubber tubing through the catheter into the bladder. Latterly I have used for this purpose, not india-rubber tubing, but an india-rubber catheter; having found a very easy method of securing the latter in. Some years ago, having experienced great difficulty in retaining flexible instruments in the bladder, it occurred to me that if I could pass a piece of india-rubber tubing and leave it with six or eight inches coiled up in the cavity of the viscus it would probably be self-retained. We found on trial, in several cases, that such was generally the fact, but not invariably, for sometimes an irritable bladder would succeed in expelling the tube however flexible it might be, and however long might be the portion which we had introduced. We found also that the tube caused more or less of cystic irritation; and thus, although the plan seemed a decided improvement on all others for certain cases, it yet had its

FIG. 1.

A silver prostatic catheter, with a large eye in its concavity, permitting of the introduction of a portion of india-rubber tube through it. The india-rubber tube is shown in position.

FIG. 2.



a, A small nozzle, with rings, intended for introduction into the end of an india-rubber tube or catheter to allow of its being fixed to the penis. b, A stiletted plug for the nozzle (a), intended in the first place to plug its orifice, and in the second to stiffen the first three inches of the tube, so as to prevent its being bent and expelled.

drawbacks. It became a problem, on the one hand, to shorten the tube as much as possible, and, on the other, to prevent its accidental expulsion. After trial of several contrivances, we succeeded in completely accomplishing the latter half of our task by means of the simple apparatus which I now show, and which most of you have, during the last year, repeatedly seen in use in the wards. It consists in principle of a stiletted plug, the stilette being about an inch and a half long, and serving the purpose of preventing the catheter from bending at the meatus. If an india-rubber catheter is made stiff for a very short distance—say an inch or an inch and a half—in the first part of the urethra, and if its end be secured to the penis by tapes, the bladder cannot expel it. We have now never the slightest difficulty in retaining these catheters as long as we like, and it does not matter what size we introduce or how soft and flexible the material is of which they are made. (See Fig. 2.) All that you have to do after having introduced the catheter is to put a little metal nozzle with rings into its orifice. This nozzle does not pass down more than three-fourths of an inch, and it is fitted with the stiletted plug which accomplishes the end referred to. The nozzle, having been passed into the meatus, is fastened firmly to the penis by means of tapes and plaster. Take care that it is fixed pretty tightly and with good plaster, and instruct your patient never to take the plug out excepting when he wishes to void urine. If these conditions are fulfilled, you need not be under the slightest anxiety as to the catheter coming out. Your patient may leave his bed, may walk, sit, or go about his ordinary affairs without any inconvenience. I have in several instances had old gentlemen who did this, and who assured me that they were scarcely conscious of the presence of the instrument. You will see that with this stiletted plug the catheter may be shortened as much as you like. The means by which it is retained is in the first inch of the urethra and not within the bladder, and if the catheter be long enough to reach the urine, that is all that is necessary. I have told you that my first idea was to secure retention of the india-rubber tube by letting it coil itself up in the bladder, but that plan has of course been wholly abandoned since the adoption of the stiletted plug. It is right that I should here explain that other surgeons have devised methods of securing india-rubber catheters in place. Thus Mr. Holt has invented an ingenious one with wings, and Sir Henry Thompson has published the description of one which, as regards the pre-

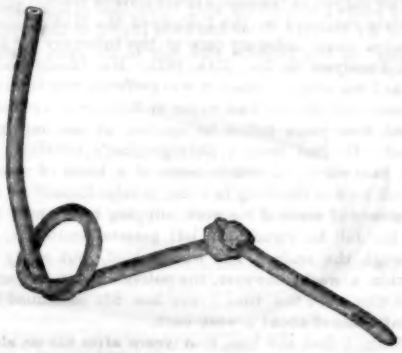
vention of the bending of the tube at the meatus, is the same in principle as that which I recommend. His consists in the introduction within the flexible catheter of a thin German-silver tube four or five inches long. This has to be fitted in place by the maker, and as mine can be changed at a moment's notice and adapted to any catheter, I think I may claim for it considerable practical advantages. As regards the contrivance of "wings" as means of retention, my experience has been that they are not effectual, whilst they certainly render the introduction of the catheter more difficult.

Having thus explained the means by which the india-rubber is kept in place, I must next return to the question of its introduction. Whilst I was in the habit of using tubing, I was accustomed to pass it down through the catheter which I have shown; and having introduced so much that at least fifteen inches were fairly within the bladder, we could then withdraw the silver instrument, together with the portion of tubing still within it. This done, the tubing was cut through close to the meatus, and the stiletted plug fitted to it. A far simpler way than this, however, is to take a catheter, or piece of tube of the proper length, pass it through the metal instrument or conductor, and then with a sort of ramrod push it down whilst in the act of withdrawing the latter. You may use as ramrod a common flexible gum bougie; but I prefer the metal one which I now show. You will, of course, take care not to push it quite into the bladder—an accident which may be rendered impossible either by using only a short ramrod or by being careful to withdraw the conducting-tube at the same time that you push down the india-rubber one.

I am very sanguine that by the use of the simple means which I have described, we may take a final leave of most of the troubles and distresses for practitioner and patient which have hitherto been so common in connexion with prostatic retention of urine. At any rate, I think we shall be able to manage, with vastly increased comfort both to ourselves and to our patients, all cases in which the patient is seen *early*. If the retention be allowed to persist for several days, and the bladder has been greatly distended, and the urine thrown back on the kidneys, secondary conditions of disease may have been set up which will progress in spite of any subsequent treatment. For all early cases, however, the introduction (and retention if necessary) of an india-rubber catheter is such a simple and safe measure that I confidently predict that it will supersede all others. Here let me state, however, that I do not recommend the retention even of the softest india-rubber unless it is necessary. The necessity for such retention must be measured by the degree of difficulty in its introduction. If difficulty is encountered, if it is necessary to use a silver instrument, and if more or less of pain be caused to the patient at each introduction, ill consequences are sure to follow sooner or later. Although I by no means allege that a piece of india-rubber retained is in all cases innocuous as regards irritation of the urethra, yet I am sure that under circumstances such as those alluded to it is by far the lesser evil. Indeed, I entertain a great dislike to repeated introductions of silver instruments in prostate cases, even when they are most easily passed. It is true that many patients bear their use three times daily without detriment; but in many others irritation of the bladder, hæmaturia, and cystitis are sooner or later the results. Cases of prostatic retention of urine have, in the past, not unfrequently ended fatally; indeed, it is not many years since one of the foremost members of our own profession died in this metropolis within about ten days of his first symptoms. It is scarcely necessary that I should enlarge upon the value of this plan of treatment in exceptionally difficult cases, and when the patient's residence is at a distance from that of his surgeon. It was, indeed, from my experience of difficult cases at a great distance from home that the importance of perfecting some method for the introduction and retention of flexible instruments became impressed upon my mind. It must have happened to most surgeons of experience to be placed in this position, and to have succeeded in relieving a patient under circumstances which induced the utmost reluctance to withdraw an instrument which had, after so much difficulty, at length been got in. I would strongly recommend that all silver prostate catheters be made on the pattern which I have shown. They are just as useful as others for ordinary purposes, and they supply the means of introducing india-rubber whenever, from the difficulty which has been encountered, it may be thought advisable to retain a tube. The retention of a silver catheter is inconvenient, painful, and even dangerous, yet how often has it happened that the surgeon has been driven to this expedient in the fear that, if he took it out, he might, on the next occasion, fail to introduce it.

And now, gentlemen, I have to advert to another point in the management of this class of cases of yet greater importance than the contrivances which I have been describing. Although, probably, it is well known to some members of the profession, I am sure that it is not a matter of general knowledge, that *in almost all cases of prostatic retention a flexible india-rubber catheter without any stilette can be passed into the bladder.* The india-rubber which I use is very soft, and so flexible that, as you see, you may tie knots in it. (See Fig. 3.) Yet the cases are very exceptional in which it cannot be got in, and it will in many cases pass readily when the use of a stiff instrument is difficult. The explanation of this is that it can follow the windings of the distorted urethra. In prostatic cases the urethra is not narrowed, but is merely lengthened and pouched and bent by the projecting lobes of the enlarged gland. The india-rubber is just stiff enough to permit of its being pushed down the urethra when there is no impediment, and it is flexible enough to allow of its following any windings, and mounting over any projections that it may encounter. In using it without a stilette there is of course no scope for either skill or dexterity. All that you have to do is to oil it well and then push it in inch by inch. If it stops, withdraw it a little and then try again. In most cases the patient can do it just as well as the surgeon. It causes no pain, and scarcely ever produces bleeding. Its introduction is indeed so simple and easy that it may be repeated two or three times in the day without any risk, and thus you may avoid the necessity of retaining it. I have not the least hesitation in asserting that the time-honoured silver catheter ought at once to be superseded by the india-rubber one, and that no one ought ever to think of trying metal or even gum-elastic unless he has failed with one of those which I now recommend.* It will also in the future, I hope, only be in very exceptional cases that the means which I have recommended in the first part of my lecture will be found necessary. I have myself of late scarcely ever failed to get the india-rubber in, and in a few in which I have been unable to do so the conducting silver catheter has served an excellent purpose. Nor is it only in prostatic cases that you will find india-rubber catheters useful. They are very valuable for exploration of the urethra in cases of suspected stricture, since they cause the patient less pain than any other kind. They will prove

FIG. 3.



An india-rubber catheter (Warner's make) tied in knots to demonstrate its extreme flexibility. For use without a stilette, and for retention in suitable cases.

* These catheters are not vulcanised, but are perfectly smooth on the surface. They are much more pliable than those which have until lately been in use. They are made by Mr. Warner, of Tottenham. They may be procured of Messrs. Krohne and Sesemann, Duke-street, Manchester-square, and probably of most instrument makers.

useful, also, for retention in cases of ruptured urethra, and perhaps in cases of paraplegic incontinence.

Now and then, even in cases of stricture, in which the canal is irregular, and the stricture perhaps in part due to spasm, you will find unexpectedly that a small-sized india-rubber instrument can be got in. I have succeeded with them in one or two cases of this kind greatly to my astonishment, even after some difficulty had been encountered with metal.

A CASE OF TRAUMATIC EPILEPSY SUCCESSFULLY TREATED BY TREPHINING.

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LECTURER ON MENTAL DISEASES AT GUY'S HOSPITAL, AND PHYSICIAN TO THE HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM.

THE subject of the case, a lad of sixteen years of age, whom I lately exhibited to the Fellows of the Medical Society of London, came under my care at the Infirmary for Epilepsy and Paralysis on Dec. 27th, 1871. His family history, as far as I was able to obtain it, was perfectly free from nervous disease, and the lad had never suffered from epilepsy until about four years before he applied at the infirmary for relief. He had been a photographer's assistant, and he fell backwards, in consequence of a block of wood, upon which he was standing in order to raise himself in the performance of some of his work, slipping from under his feet. In the fall he struck the left parietal eminence, cutting through the scalp. The wound bled, but easily healed. Within a week, however, the patient had a fit, and from that time until the time I saw him fits continued to recur at intervals of about a week each.

When I first saw him, four years after the accident, the cicatrix was tender on pressure, and he told me that he often felt pain in it. The attacks were perfect examples of epilepsy without convulsions. He became perfectly unconscious, remained so for about a quarter of an hour, then recovered his consciousness, and almost immediately dropped off to sleep. He suffered frequent hebetude, his memory was beginning to fail, and he was quite unable to follow his calling. He had been under the treatment of several practitioners without benefit, and shortly before he came to me the medical officer of the parish in which he resided told him that there was nothing to be done for him without he underwent an operation. In this opinion I was agreed; nevertheless I was desirous of testing the efficacy of medicinal treatment before subjecting him to the severer treatment of the trephine. I accordingly ordered for him a mixture of iodide and bromide of potassium in doses of two to three grains of the former and twenty to forty of the latter, but without making the slightest impression on his epilepsy. His general health had commenced to fail, and I therefore endeavoured to keep him up with cod-liver oil.

On finding that absorbent treatment was of no benefit I ordered belladonna instead, but with very little more success. It sometimes delayed an attack for a day or two, but it did not lead me to hope for any permanent result. I then advised the patient and his friends to allow the operation to be proceeded with, it being to my mind the only chance of saving the youth from imbecility. The Infirmary for Epilepsy and Paralysis was at that moment in the act of moving to its new premises in Portland-terrace, Regent's-park, and my friend and colleague, Mr. Coles, in consequence expressed his willingness to give over the operation into the hands of any surgeon I might wish to offer it to. I accordingly asked my friend Mr. Bryant to take charge of the case, and the lad was removed to Guy's Hospital, and was trephined by Mr. Bryant on February 6th, 1872.

Whilst under the influence of the chloroform he had an attack very like a fit; it was of very short duration, but I mention it because it was curious. Chloroform, as a rule, will arrest an epileptic seizure, though I believe there are two or three other cases on record besides this of an attack occurring during the administration of chloroform.

After the operation he continued to do well for thirteen days, was free from fits, and expressed himself quite well, and begged for some potatoes, as he was very hungry. He had one or two potatoes, and afterwards became feverish, and had a little swelling in the lymphatics of the neck and the glandulæ concatinatæ. For two days the feverishness continued. He then expressed himself as being better, and went on well for some days, when he gave some evidence of erysipelas, which soon became more developed, and at length persisted for a fortnight. At the end of this time he had a slight epileptic seizure, but it was very transient in its character and passed away in a few minutes. This was thirty-two days after the operation, and the longest interval that had occurred from the time of the first attack. About a fortnight after this he had another slight attack, but it was transient and very mild in its character. The wound healed without further difficulty or complication, and the boy left the hospital. An examination of the piece of bone removed from the skull showed that although there was no starring or fracture of the inner table, yet that the bone itself was much thickened, measuring $\frac{3}{4}$ in. at its superior border and $\frac{1}{16}$ in. at its inferior. I took these measurements at the time, and when the piece of bone was quite fresh. The boy soon after the operation expressed his feeling as "that a great weight had been removed from his head."

We have now to inquire how the lad has fared since his discharge. For a month he was free from attacks. He then had a slight one, and on inquiry I found that he was in very needy circumstances, and unable to obtain sufficient nourishment. About a month afterwards, in the month of May, 1872, he called upon me and told me he had had a slight fit, and on making inquiry of his mother I learned that the exciting cause had been a removal from one house to another. About a fortnight or three weeks afterwards I received a request from the boy's mother that I would go and see him, as he had had a severe fit, and I found him in a wretched condition. He was lying on a mattress on the floor in a corner of the miserable room which his mother inhabited. The day was very hot, yet there was a blazing fire at which the family dinner was being cooked. The lad was weak and depressed to the utmost, and had been purged for many hours with violent diarrhœa. It was perhaps hardly necessary to seek for a cause of the diarrhœa beyond the filth, effluvium, and wretchedness of the habitation, but I asked to see the drinking water of the house, and found it turbid and containing animalcules, particularly cyclopses, in large numbers. This diarrhœa was very obstinate, and to it may be attributed two or three slight attacks which he had. He was again free from attack until July, when he received a violent blow on the head from his brother, and almost immediately had a severe fit. This attack passed away, and with the exception of a few transient fits which recurred with the diarrhœa, he was free from attacks until November last, when he again had several severe attacks, and suffered constant hebetude in the intervals. On making inquiries I again found that the patient was living under bad conditions, and I again found that the recurrence of the attacks was coincident with insufficient food. The fits he had were at irregular intervals, and not so severe as those he had before the operation. The last fit occurred in December last. Since then he has greatly improved, and has become sufficiently restored to return to his occupation, and I have every hope that, as he is now able to earn his living, he may be constantly supplied with good food and remain free from attacks.

On this case I would remark—first, that the amount of bone removed by the trephine was hardly sufficient to remove all the pressure that the thickened bone had caused. Secondly, during the four years an epileptic habit had been acquired by the brain, which habit could not be immediately overcome, but would for a long time remain, and exhibit its influence when an exciting cause called it forth. This was very clearly shown in the case I have detailed, for whenever the youth became depressed, either by diarrhœa or by want of sufficient nourishment, immediately the attacks recurred.

I wish to lay particular stress on this point. The recovery from traumatic epilepsy cannot be immediate upon the removal of the pressure unless the operation be performed almost immediately after the accident which brought about the pressure. The reason of this is obvious. A habit of epilepsy is set up, and with the habit structural change occurs in the brain and medulla oblongata, which structural

change requires time to recover after the first cause—namely, the pressure of bone, has been removed.

Of course the longer trephining is delayed the less chance is there of perfect recovery, and the greater the amount of change in the brain and medulla the greater is the improbability of recovery; yet I think that the chances of improvement are so great that I should be inclined to recommend trephining in every similar case, no matter how far distant from the occurrence of the accident, provided of course that the surgeon found no reason from other conditions of the patient to veto the operation.

The case I have described I think may fairly be considered as successful and encouraging, especially as the operation and its result have enabled the patient to return to his work and again to earn his living.

I ought, perhaps, to mention that from time to time since the operation I have given the patient belladonna, in doses of one grain of extract mixed with one grain of the powdered leaf, three or four times a day. Occasionally I have varied this with a mixture of bromide and iodide of potassium, because belladonna loses its efficacy if taken for a long time without intermission. I have constantly given him cod-liver oil, omitting it only for short intervals, when it appeared to make him sick.

Upper George-street, W.

ON A CASE OF SUBPERIOSTEAL EXCISION OF THE HEAD AND PART OF THE SHAFT OF THE HUMERUS.

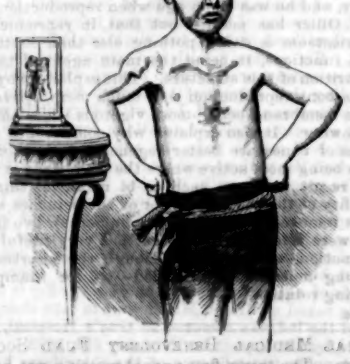
BY RODERICK MACLAREN, M.D.,
SURGEON TO THE CARLISLE DISPENSARY.

THE case that I have to relate is that of Joseph S——, aged six, admitted to the Carlisle Dispensary, November 2nd, 1871, as an out-patient. The history of his ailment before admission was not at all clear, as he had been under the care of various relatives during the previous two years; his mother having died before that from excision of the knee, the family was consequently disjointed. The statements made in reference to the origin of his illness were, that about twelve months ago he fell and broke his right collar-bone, and a few weeks afterwards again encountered an accident and "put his right shoulder out"; that he has never been right about that shoulder since; several abscesses have formed, and been opened or burst spontaneously, and that his general health has at times been very bad.

On admission (having newly returned from the country), he was a rosy-faced, well-nourished boy. In the neighbourhood of the right shoulder were five openings of sinuses. Two of these were over the second rib, another was at the axillary fold of the pectoral muscle, a fourth in the axilla a little below the middle of its thoracic wall, and the fifth was on the front of the arm three inches from the shoulder-joint. The first and second were openings of a common sinus, as were also the third and fourth. They ran in the direction and to the near neighbourhood of the shoulder-joint, and met internally. In the fifth sinus the probe passed directly backwards. No bare bone could be felt. There was hardly any voluntary mobility of the arm, and forcible motion caused great pain. Before recommending operation, I resolved to try the effect of mechanical rest and the injection of the sinuses with iodine. No good result followed this treatment, and a month after he was admitted as a patient another abscess formed, and was opened close to the insertion of the deltoid. When this was probed there was found at the bottom a small bony cavity with bare walls.

As the boy's health was beginning again to suffer, I advised his friends to consent to excision, and on December 13th the following operation was performed. A straight incision somewhat external to the bicipital groove was made from the head of the bone to half an inch below the sinus furthest down the arm. The periosteum of the shaft and the perichondrium of the epiphysis were divided with the scalpel, and then with a periosteum elevator I endeavoured to detach each. From the bone this was a matter of no great difficulty, but from the epiphysis the reverse was the case, it being impossible to distinguish with the instrument between cartilage and the other tissues with sufficient exactness to separate them properly. The whole of the periosteum was left behind except a small bit that I could cover with the point of my finger, but I do not think that much of the perichondrium remained in its place. I had planned to divide the bone a little below the lowest sinus, and, as it seemed quite healthy there, I did so. When the piece was removed, it was seen that the saw had passed through a cavity filled with a substance resembling marrow. Some of my colleagues thought at the time that it was an abscess in the bone, while I held the opinion that it was the medullary cavity. A needle was passed down it for an inch without touching the bottom, and I determined to let it alone whatever it was, having the hope that, even if it turned out to be an abscess, the opening of it might result in healing. Subsequent microscopic examination showed the contents to consist of shrivelled pus-cells. The wound was washed out with carbolic-acid lotion and dressed with Lister's dressing. There was little hope that it could be made or kept antiseptic on account of the sinuses and the free open suppuration that had so long existed, but it seemed right to make the attempt; it did actually fail, the original conditions being such as almost certainly to preclude success. A pad was placed in the axilla, and the arm was bandaged to the side. I did not use any splint, nor did I throughout the case attempt extension, my reason being that I did not know to what extent reproduction would occur, and an arm shorter than usual, but with a substantial joint, would be more useful than one of the normal length, with a loose and flaccid joint.

Twelve days after the operation the boy was able to come to the dispensary to get the wound dressed. I need not enter into the various fluctuations in the progress of the case; it will suffice to say that in six months the deep wounds were closed, and only superficial ulcers over the sinuses and the middle of the incision left. In six weeks more these had also healed. The condition of the boy's arm ten months after the operation was as follows:—It remained one inch shorter than the other; the head of the bone had not been redeveloped; the deltoid was atrophied, but not so much so as it was a few months ago. The amount of motion may be thus described: the elbow could be abducted three inches from the side; the arm could be extended so as to bring the wrist (the limb being kept straight) to the level of the xiphoid cartilage; the arm could



From a photograph.—In the engraving the arm operated on is represented as rather shorter from shoulder to elbow than it is in the photograph; the cicatrix on the arm is too long; and the cicatrix on the breast is not so well marked as might be desired.

be carried back to the normal extent, and rotated through one-eighth of a circle; his hand he could readily raise to his face, and by a sort of climbing movement of the fingers

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place the palm on the top of the head. He fed and dressed himself.

The specimen of bone removed measured three inches and a half in length. It has on its surface three openings, two of which lead into cavities in the cancellated texture; the third passes through the upper part of the diaphysis, and through the epiphysis into the joint. There are several shallow carious pits on various parts of the surface. The bone is slightly bent, and at its middle is a mark which looks like the result of a fracture. Section shows numerous cavities in the bone. The glenoid cavity, I should have stated before, was healthy.

In this case, when expectant treatment failed (and how thoroughly hopeless it was the preparation removed shows), the operation performed was the only alternative to amputation; for had so long a piece of the bone been removed, in the ordinary manner covered with its periosteum, from a child of six years of age, one could not have hoped for anything better than a useless dangling limb, and it was only the prospect of the bone being reproduced that induced me to operate.

The boy is now at a distance from Carlisle, and I have not had the opportunity of seeing him lately, but his relations tell me that the arm is still gaining in strength and freedom of movement. For all actions below the level of the shoulder it is nearly as powerful as the other arm; he can, for example, wheel a barrow with half a hundredweight of coal in it. I have to-day (May 26th) received from the boy's friends the following measurements:—Left arm, shoulder to elbow, 8¾ in.; right arm, shoulder to elbow, 7½ in. These show, during the last seven months, a slight increase in length of both arms, but a gain of a quarter of an inch more on the unoperated than the operated limb.

If it again fell to my lot to have the treatment of a similar case, in two respects I should act differently. In the first place, instead of attempting to remove the perichondrium, I would endeavour to leave a thin shell of cartilage wherever it was healthy. It would be much easier to do this, and much more likely to give a successful result. In the second place, I should by galvanism attempt to keep alive the contractile power of the deltoid. No doubt the paralysis and wasting of this muscle, which almost always occurs after excision of the shoulder, is due to injury of the circumflex nerve; and if the muscle were brought into regular action by the use of the current when the nerve recovered, it would find the muscle able and ready to respond to its dictates.

This case was well adapted for testing the value of the subperiosteal method of excision. While, on the one hand, the amount of diseased bone to be removed was very great, and involved the separation from the bone of many of the muscles which perform the most important movements of the arm, on the other hand, the origin of the disease was distinctly the result of injury, the boy's general health was fair, and he was of an age when reproduction is active. For M. Ollier has pointed out that, in reproducing bone, the periosteum is doing nothing else than continuing its normal functions, it being the main agent of the growth and nutrition of this structure. This explains why in young subjects bony reproduction is so much more active than in old, the membrane being most vigorous while the bone is still growing. It also explains why some bones and some portions of bones are better regenerated than others, the growth being most active where the membrane is thickest.

The result has been such as to make one think well of the utility of the procedure; for of three inches and a half of bone removed (nearly half the humerus), two inches and a half were reformed. The arm is a very useful one, and many motions are restored, although the insertions of the producing muscles were divided—as, for example, those producing rotation.

Carlisle.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—The thirty-first annual meeting was held on the 2nd June, Dr. Frederick Kirkpatrick (president) presiding. We are happy to state that this deserving society is in a most prosperous condition, the total receipts from donations, subscriptions, and bequests during the year amounting to £2254. The applicants for relief numbered eighty-six, of whom seventeen were first applications, sixty-eight were from widows, and nine from medical practitioners.

CEREBRAL RHEUMATISM.

BY CORNELIUS BLACK, M.D. LOND., M.R.C.P.,
CORRESPONDING FELLOW OF THE IMPERIAL SOCIETY OF PHYSICIANS OF VIENNA, CORRESPONDING MEMBER OF THE IMPERIAL SOCIETY OF MEDICINE OF LYONS, ETC.

IN acute articular rheumatism, and especially when rheumatic pericarditis or endocarditis, or both coexist, cerebral rheumatism is not an unfrequent accompaniment in the more urgent period of the articular disease. It is manifested by a busy, talkative delirium, occasional disposition to leave the bed, flushed face not unfrequently bathed in perspiration, restless, sparkling eyes, and slight contraction of the pupils. With this form of cerebral rheumatism every medical practitioner is familiar. There is, however, another form of cerebral rheumatism which is probably of not less frequent occurrence, but which is not generally recognised, or if recognised, it has not, so far as I know, been described either in medical books or in the medical periodicals.

A case of this latter kind has very recently been under my care. The subject of it was a gentleman of middle life, of nervo-sanguine temperament, and of regular and temperate habits. From the age of fourteen to that of thirty-nine he passed through five attacks of acute articular rheumatism. In none of these attacks did the heart suffer. As in such subjects, so in him, migratory rheumatism was of frequent occurrence. In one such attack he suffered for some days from rheumatic pains in the ankles, loins, shoulders, arms, neck, and scalp, with no more marked disturbance of the health than a little indigestion. The urine was natural in quantity, deepish-yellow in colour, had a specific gravity of 1028, a strongly acid reaction, and deposited on cooling a large quantity of cayenne-pepper-coloured crystals of uric acid. About nine o'clock one morning, after expressing his freedom from rheumatic pains, he somewhat suddenly began to feel giddy and to complain of a sensation of weight and heaviness in the head generally and of a tendency to fall in whatever direction the head might be inclined. Occasionally the sensation of a *whiz* passed with electric rapidity through the brain from back to front. At other times a vertiginous sensation was referred to the vertex, when the gait became somewhat unsteady. His intellect was unclouded, he could indite letters as before, but if he had to think, his ideas soon became a little confused.

There was no increased heat of the head or of the skin generally, no nausea or vomiting, no injection of the sclerotica, no contraction or alteration of the pupils, no twitching of the muscles of the face or of those of any of the extremities. In one or two previous attacks slight twitchings of the muscles of the cheeks and of the brow had occurred, a common result of migratory rheumatism. The breathing was easy, regular, and the number of respirations seventeen per minute. The tongue was quite moist, but slightly furred, there was no thirst, the appetite for food was not sensibly altered, the bowels were regular. The heart and kidneys were healthy. The pulse, usually 70 in health, presented the peculiarity of now numbering only fifty-four per minute, a common result of depressed functional energy of the brain. It was regular, equal, soft, and rose beneath the finger with a slow, steady, measured beat. The quantity of urine voided within the first twelve hours was thirty-five ounces, but afterwards this proportionate ratio decreased, so that the urine did not exceed fifty ounces altogether for the first twenty-four hours. It was of a deep yellow colour, of acid reaction, specific gravity 1026, and was quite free from deposit after it had stood two days.

Perfect quietude was enjoined. Two pills containing two grains of calomel and eight of the compound extract of colocynth were administered, and their action was favoured by an effervescing draught containing tartrate of soda. Five liquid evacuations were produced. The general heaviness and giddiness of the head now merged into a sensation of diminished pressure over the left brow and an aching soreness confined to the left temple. This feeling shortly afterwards passed in succession to the muscles of the back of the neck, producing stiffness and more or less pain on motion—to the shoulders, wrists, back, thighs, and ankles, manifesting in each locality its usual character of rheumatism. With this transfer from the head the pulse rose

ST COPY AVAILABLE

to 62, 66, 70, 72; and the next quantity of urine voided let fall, on cooling, a somewhat copious sediment of urates, deeply coloured with the purpurates of Prout—the murexid of Liebig. For twenty-four hours this excretion of the urates continued, after which it gave place to an excess of both the alkaline and earthy phosphates, which continued for nearly two days. During this time the urine was natural in quantity, of a rich straw colour, specific gravity 1026, deposited on cooling a white woolly-looking sediment, and manifested an acid reaction, which was not at all influenced by the food taken. By heat the phosphate of lime was deposited in copious small balls and flakes, which were immediately dissolved on the addition of two drops of nitric acid, rendering the urine, as it is wont in such cases, brilliantly clear and of a faintly bistre tint.

Here, then, was a case of migratory rheumatism affecting the brain-substance and giving rise to symptoms simulating some of those premonitory of apoplexy. Its real character, however, was shown by the immediate supervention of cerebral symptoms on the subsidence of the rheumatic pains in the ankles and the disappearance of crystals of uric acid from the urine, and by the return of these pains to the neck, back, and limbs, and the deposit of urates and purpurates immediately after the head-symptoms had been relieved. That the whole cerebral mass suffered is rendered probable by the general feeling of heaviness over the head, by the giddiness and the sensation of a disposition to fall in whatever direction the head was inclined, by the inability to think without causing confusion of ideas, and by the slowness of the pulse.

For such cases I have generally found a smart purgation by calomel, colocynth, and tartrate of soda the most effectual treatment. Colocynth exerts a wonderful power in causing the elimination of uric acid by the liver. To this effect the tartrate of soda contributes; but it, like all the alkalies, also favours the excretion of uric acid by the kidneys. Calomel with colocynth, the alkalies, perfect quietude of both body and mind, and a spare diet, are consequently remedies to be adopted in all such cases.

Harley-street, W.

ON A CASE OF CÆSAREAN SECTION.

BY D. C. NICHOLL, L.R.C.P., &c.

ABOUT 11 A.M. on May 5th I was called to see Mrs. N——, aged thirty, in labour with her fifth child. She told me that during the last year she had been suffering from occasional lancinating pains in the lower part of the body, which for the last three months had much increased in severity, and that the discharge, which had been frequently hæmorrhagic and watery, had now assumed a yellow appearance, and was very fetid. Complexion blanched and cachectic. Previous labours normal. I ascertained on inquiry that her mother had died of cancer of the womb. On making a vaginal examination, the finger entering about an inch came in contact with a hard, irregular, nodulated mass, which seemed to fill up the whole cavity of the pelvis, being firmly attached anteriorly and laterally. The pains being of an irregular character, and not severe, I gave her an anodyne mixture, and in the evening saw her in consultation with my partner, Mr. Fawssett, when a more thorough examination was made. The hand was then with difficulty pushed behind the tumour, and the os found lying high up above the promontory of the sacrum, fixed and dilated laterally, so as to admit four fingers, and the head presenting. The antero-posterior diameter barely measured one inch. The case being one of unusual difficulty, Mr. Maynard, of Wisbeach, and Dr. Lowe, of Lynn, were called in consultation; and, having discussed the case fully, we were all of opinion that the child could be delivered in no other way than by Cæsarean section. Accordingly the following facts were laid before the woman and her husband: "That the patient could be delivered in no other way than by abdominal section; that most probably the child was dead (as no fœtal heart could be heard), and that in case she should survive the operation, the chances of which were explained to her as being very slight, she must necessarily soon succumb to the disease." After brief deliberation, both husband and wife urgently desired that the operation should be performed.

Operation, May 6th, 1 P.M.—Mr. Maynard having placed the patient under the influence of chloroform, an incision was made from a point about two inches above and to the right of umbilicus downwards to within about two inches of the pubes. Only one small artery required a ligature. The peritoneum was then divided on a director, and the uterus exposed. The incision into the uterus showed at once that the placental attachment had been hit upon; the wound was therefore rapidly enlarged downwards, and the placenta detached and extracted by Dr. Lowe, together with the fœtus, which, as we supposed, was dead. Only about four ounces of blood were lost during the operation. As the uterus showed little tendency to contract (the left half contracted fairly, but the right was so infiltrated with cancerous deposit as to be unable to contract) two sutures were inserted to draw the gaping edges of the wound together. Some difficulty was now experienced in keeping back the bowels, which were violently forced forwards by the efforts at vomiting. As soon as these had subsided the external wound was closed by silver sutures and broad strips of plaster, over which was placed a pad of lint dipped in carbolated oil, and the whole enveloped by a flannel bandage. The patient had a violent attack of vomiting after the operation. Pulse 130, weak. Very little discharge per vaginam. Ordered ice to suck, and iced brandy-and-water.—11 P.M.: Pulse 130, somewhat improved in strength. Has vomited once; complains of the brandy making her feel sick, so iced champagne was substituted, which had the same effect. Soda-water and milk were then ordered, and a large quantity retained. Slept tranquilly at intervals. Further treatment consisted of beef-tea and milk enemata, and half-grain doses of opium every three hours.

May 7th.—Very little pain; pulse 120, stronger; temperature 102°; vaginal discharge nil. Passed a comfortable day, but towards evening, after movement, violent pain in the abdomen came on, and incessant vomiting, which nothing would check. The pulse rose to 160, and she gradually sank, and died at 6 A.M. on May 8th.

Post-mortem examination.—Abdominal wound healed almost by the first intention. Intestines very slightly congested; no trace of peritonitis anywhere, nor any appearance of hæmorrhage. Uterus relaxed, and the wound in it gaping. On continuing the incision already made in it down to the site of the tumour, the latter was found to be attached to the anterior lip of the os and the anterior and lateral walls of the vagina; no bony attachments. A section of the tumour under the microscope revealed large irregularly shaped cells containing nuclei and nucleoli.

Wisbeach.

ON THE

TREATMENT OF GLEET BY INSUFFLATION OF ASTRINGENT REMEDIES.

BY JOHN ST. S. WILDERS,

SURGEON TO THE QUEEN'S HOSPITAL, AND TO THE INFIRMARY FOR DISEASES OF THE EAR AND THROAT.

FOR some years I have been endeavouring to obtain an instrument which would enable me to apply astringents in the form of very fine powder to the urethra in cases of gleet, in place of the injections in general use. I tried various kinds of fine tubes and quills fitted into india-rubber balls, but I found them invariably inefficient from becoming plugged up by the mucus in the passage. For this purpose Messrs. Salt and Son, surgical instrument makers of Birmingham, have devised the very ingenious instrument figured below, which I have found to be a perfect mechanical success. It is made after the model of the insufflator for uterine diseases made by them for my friend and colleague, Mr. John Clay, and described in THE LANCET of Nov. 30th, 1872, and Feb. 1st, 1873. I use various powders, such as alum, tannin, sulphate of zinc, iodine, mixed with sugar of milk, charcoal, or powdered lycopodium, in various proportions. In cases where the gleet is very chronic I prefer to employ the powder only slightly diluted; but where the disease is of more recent origin I have recourse

to milder powders. I have found that tannic acid and powdered alum are, as a general rule, preferable, as iodine and sulphate of zinc occasion more pain. I introduce the tube of the instrument about three inches down the urethra, having first charged it with the selected powder. I then compress the india-rubber ball, at the same time slowly withdrawing the tube from the passage, and by this means the whole diseased surface is sprinkled with the medicinal

agent. I have now treated numerous cases of gleet in this manner with great satisfaction both to myself and my patients.

The following cases well illustrate the advantages of this method of treatment.

F. H——, aged twenty-eight, contracted a gonorrhœa eighteen months since. With the exception of taking some copaiba capsules he had no treatment for five weeks. About this time he obtained proper surgical advice, taking medicine and using injections. In six weeks' time the discharge had quite disappeared except in the morning on first rising from bed. He took little heed of this until about four months ago, when he had a severe orchitis on the right side, caused by dancing. Soon after this he came under my care suffering from a thin muco-purulent discharge in the urethra, which was always visible in the morning, and also at other times after any imprudence. He was ordered capsules containing oil of sandal-wood, iron, and various other remedies, large steel bougies being also passed, and the perineum and thighs painted with iodine. By these means the discharge was very much diminished, but the lips of the meatus were always glued together in the morning, and on separating them a thin discharge was to be seen. Having now an efficient insufflator, I applied a powder consisting of equal parts of tannin and sugar of milk, and after eight applications all discharge ceased, and the patient is now completely cured.

G. F——, aged thirty-five, contracted gonorrhœa six months since, and at once put himself under the care of a surgeon. He remained under treatment for about seven weeks, when, considering himself cured, he discontinued all treatment. About six weeks ago he came under my care, and I found him to be suffering from a gleety discharge, which was generally very thin and colourless, but became occasionally thicker and more yellow-looking. I passed a large bougie on three occasions, and applied finely-powdered alum to the urethra by means of the instrument every other day for three weeks, the result being a satisfactory cure.

By using a longer tube, either straight or, like a catheter, curved, it will be possible to apply powder to any part of the urethra—e. g., nitrate of silver to the prostatic portion.

Birmingham.

A Mirror OF HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

FOUR CASES OF EPITHELIOMA OF THE TONGUE; REMOVAL BY GALVANO-ECRASEUR.

(Under the care of Mr. ERICHSEN.)

THE operation for the removal of the whole or part of the tongue by the galvanic écraseur, which possesses all the advantages of the écraseur with the safety of the cautery, has been hitherto very successful. Hæmorrhage at the time of the operation or afterwards is so rare that the danger from it may be said to be reduced to a minimum. But the value of this instrument must not be overrated: it is only for the removal of the tongue that it is so valuable; it will not lessen the liability to recurrence of the disease. So that the question of operating in any individual case must be decided on its own merits.

The cases shall be completed in an early number.

CASE 1. *Epithelioma of the tongue; removal; secondary deposits; death.*—Wm. T——, aged fifty-three, was admitted on Nov. 4th, 1872, with a large ulcerating mass on the left side of the tongue. Twenty-five years ago the patient got syphilis, which passed through the secondary and tertiary stages. About the commencement of July, 1872, a superficial ulcer formed opposite the first molar tooth on the left side. This sore gradually increased in size till, on admission, it extended from the tip of the tongue to the circumvallate papillæ, and was confined to the left side. There was a mass of induration coextensive with the sore, and the glands on the left side were enlarged. The patient complained of great pain, and suffered from frequent hæmorrhages from the tongue. Mr. Erichsen, therefore, decided to remove the organ, not in the hope of curing the patient, but to relieve the pain and hæmorrhage. On Nov. 6th the tongue was removed by the galvanic écraseur in such a manner that one inch on the right side and two inches and a half on the left were taken away. On microscopical examination the tumour showed the characters of epithelioma. The progress of the case was satisfactory till the 16th, when the patient complained of great pain in the glands on the left side of the neck.

Nov. 22nd.—The glands on both sides of the neck are very much swollen and painful.

Dec. 5th.—Suppuration has taken place in the glands on the right side.

12th.—There is an abscess on the right side as large as a fist. On the left side is a brawny mass extending from the jaw to the clavicle, and backwards to the edge of the trapezius muscle.

13th.—Patient much worse; great difficulty in breathing; breath offensive; pupils contracted. Died at 6.30 P.M.

Autopsy.—A large abscess, containing four ounces of creamy pus, was found on the right side of the neck. On the left side was a hard, brawny mass, extending from the ramus of the jaw to the inner end of the clavicle, and from the middle line in front to the transverse processes of the cervical vertebræ, the carotid artery and jugular vein passing through this mass. The wound in the tongue had cicatrised on the right side, but on the left was an ulcer with hard everted edges. Secondary deposits were found in the muscular substance of the heart, in the liver, and in the right supra-renal capsule. Microscopic examination showed these secondary deposits to be carcinomatous, those in the liver resembling encephaloid, but those in the glands of the neck, heart, and supra-renal capsule partaking more of the character of scirrhus. There was great œdema of the glottis, and after the removal of the trachea and larynx air could be made to pass readily outwards, but not inwards.

CASE 2. *Epithelioma of tongue; removal; relief.*—Thomas G——, aged forty-three, was admitted Nov. 27th, 1872, with a hard ulcerated mass under the tongue at the right side. The patient first noticed a swelling in his mouth, accompanied with pain and difficulty in swallowing, about August. On admission there was a large fungous-looking growth on the right side of the frenum opposite the first bicuspid and

second molar teeth, with induration extending from the alveolar wall to the upper surface of the right side of the tongue. In the floor of the mouth, in front of the frenum, was a kidney-shaped mass, and one enlarged gland below the horizontal ramus of the jaw.

Dec. 6th.—A sharp hæmorrhage took place from the ulcer in the mouth, arrested by the application of perchloride of iron. Hæmorrhage recurred on the two following days.

13th.—The tongue was removed. After making an incision through the lower lip in the middle line, and sawing through the symphysis, Mr. Erichsen dissected the tongue away from the floor of the mouth on the right side, and divided the anterior pillar of the fauces. The tongue was then transfixed at its posterior third with a platinum wire, which was fixed to the galvano-écraseur, and the right side of the tongue divided as far back as possible, the left side of the organ being next removed in an oblique direction. No hæmorrhage occurred. The divided jaw-bone and lip were then brought together with hare-lip pins and a silver wire suture. The tumour in the mouth had the microscopical characters of epithelioma. The patient to be fed by enemata and a syphon tube.

Everything progressed satisfactorily till Jan. 1st, when a swelling was detected behind the angle of the jaw on the left side.

Jan. 10th.—Some fresh ulceration has occurred in the mouth on the right side.

16th.—Chloride-of-zinc paste applied to the ulcer in the mouth.

22nd.—Applications of the paste repeated. The two halves of the lower jaw partially movable.

29th.—An abscess has formed on the left side, in the seat of the swelling. Opened antiseptically.

Feb. 1st.—Some union has taken place at the symphysis.

3rd.—The patient coughed up a large quantity of purulent pellets about the size of a filbert. A large core came away from the abscess.

17th.—The patient has continued to improve. Still some discharge from the abscess. Chloride of zinc reapplied to the ulcer in the mouth. Discharged, relieved.

SEAMEN'S HOSPITAL, GREENWICH.

A CASE OF PRIAPISM LASTING MORE THAN FOUR WEEKS; RECOVERY.

(Under the care of Mr. JOHNSON SMITH.)

AT page 90 of this volume we published a case of priapism lasting six weeks, mentioning at the same time all the cases that had hitherto been recorded. In that case the exciting cause was doubtful, but in this there is a distinct history of an injury, followed by extravasation of blood into the penis and priapism.

D. S——, aged forty-six, a fisherman, was admitted on Feb. 13th, 1873. He had been a married man for twenty years, and was the father of eight children. He stated that his health had usually been good, and that for eight years previously he had been a temperate man. Before this period he had been a free drinker, and a sufferer on one occasion from an attack of delirium tremens.

Nineteen days before admission he fell from aloft (a height of eighteen feet), and struck in the fall his perineum and the under part of the penis. There was no subsequent bleeding from the urethra, and the urine which was passed shortly after the injury was quite clear. There was, however, some oozing from a wound on the surface of the glans near the frenum, which continued for about half an hour, and a large dark-coloured "bleb" containing blood formed near this spot. On the day after the injury the penis became hard and painful. This condition increased in intensity up to the third day, when the patient was compelled to lay up, and there remained without change or alteration up to the time of his admission into the Seamen's Hospital.

When first seen on February 13th the patient was pale, much depressed, and exhausted from constant pain and want of rest. The penis was hard and erect, its dorsum being in contact with the surface of the hypogastrium, and any attempt to depress the organ causing severe pain. The whole of the organ was firm and hard, but not equally so, the induration being most marked along the dorsum and at the root. The swelling also was not quite regular, there being a marked prominence on the under surface and left side, near the root of the organ. The integument over this prominence was slightly congested, but over all other parts of the penis seemed quite healthy. The patient complained of a constant dull pain in the penis and perineum, and of great tenderness when the former was moved or compressed. The induration could be felt extending backwards towards the perineum at the upper part of the scrotum, and great pain was caused by firm pressure over the osseous margins of the pubic arch. There had not been any difficulty in micturition, nor had the patient ever observed since the accident any discharge from the urethra either of pus or of seminal or prostatic fluid. There were no indications of any injury to the spinal column, old or recent, and no deep-seated pain was produced by tapping roughly the spines of lumbar and lower dorsal vertebræ. Complaint was made of occasional severe pains (neuralgic) in left testis; this organ hung very low, and its veins were in a varicose condition.

On February 16th the patient was ordered to take every three hours a draught containing ten grains of bromide of potassium and one ounce of infusion of gentian. On the two following days there was no appreciable change in the condition of the patient, but on the 19th he suffered from what seemed to be a bad attack of catarrh. In the evening he had severe rigors, which were repeated on the following morning, when the man was very prostrate, complained of great pain in the head, and could scarcely swallow in consequence of a sore-throat. On the 21st he was still worse, and very low; the tonsils were much swollen, and the mucous membrane of the fauces and pharynx inflamed and studded with small white patches of follicular ulceration. During these severe general symptoms no change was observed in the above-described condition of the penis. The administration of the bromide of potassium was discontinued on the evening of the 19th, and a mixture of chlorate of potash and decoction of bark ordered.

On February 24th, when the febrile symptoms had passed off, an ointment composed of equal parts of extract of belladonna and mercurial ointment was prescribed, and the patient ordered to smear this, twice in the day, over the surface of the perineum and the skin of the hard and erect penis. His mixture was discontinued, and a full diet, with wine and porter, ordered.

From February 26th there was a gradual improvement in the local conditions. At the end of the month the penis, though still hard, was no longer erect. The patient stated that the pain had been much relieved since the first application of the ointment. On March 7th he was able to get up and walk about the hospital grounds. There was still some pain in the perineum, and a small and hard lump remained at the seat of the former marked prominence at the upper part of the scrotum. The use of the ointment was continued, without causing salivation, until March 16th. On the 22nd he was discharged from the hospital, his general health being then good, and the only trace of his affection consisting in the small and rapidly-diminishing lump at the root of the penis.

ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

TRANSVERSE INCISED WOUND OF LEG IMMEDIATELY ABOVE THE ANKLE-JOINT, CAUSING NEARLY COMPLETE SEPARATION OF THE FOOT FROM THE LEG; RECOVERY WITH USEFUL LIMB.

(Under the care of Dr. MORTON.)

THIS case, for the notes of which we are indebted to Mr. J. H. Humphreys, house-surgeon, is an instance of a remarkable degree of reparative power in the lower limb, much, no doubt, being due to the youth and good general health of the patient.

G. S——, aged sixteen, a healthy-looking lad, was struck on the left leg by one of the blades of a reaping machine whilst at work on Aug. 24th, 1872. On admission into hospital, about an hour after the accident, the left leg was found to be cut through about an inch and a quarter above the ankle-joint; the foot being attached by a portion of skin corresponding to the posterior quarter of the circumference of the leg, and the posterior tibial vessels and nerve, these

being the only structures that had escaped division. The ankle-joint itself was intact. There was comparatively little hæmorrhage, and but a slight amount of shock. A ligature was applied to the torn end of the anterior tibial artery, which was seen pulsating strongly, and to three other bleeding points; and the edges of the wound were then carefully brought together by wire sutures, and the cut surfaces of the tibia placed in as good apposition as possible, though the lower fragment projected a little in front of the upper.

The wound was covered by two pads of lint soaked in carbolic oil, one on the under surface and the other on the upper, and the limb placed on a short outside splint; and the foot, together with the wound, enveloped in cotton-wool.

Aug. 25th.—Slept fairly without sedative, and feels comfortable. Slight oozing from wound; dressing left untouched. Pulse 98; temperature 98·8°.

26th.—Fresh carbolic dressing applied to anterior and internal surface of wound. Tongue thinly covered with a white fur; no other sign of constitutional disturbance.

30th.—Pulse 103; temperature 98·8°. Wound commencing to heal; very little suppuration. Tongue still slightly furred.

Sept. 4th.—Separation of ligatures; and sutures removed from upper (inner) surface of wound, which continues to heal. Still slight suppuration.

5th.—Fresh splint applied, and sutures removed from under (outer) aspect of wound, where cicatrisation is advancing even quicker than on the upper surface. Fresh carbolic lint was applied to the under surface for the first time since the application of the splint.

The case continued to progress favourably, and in a month from the time of the accident the wound had filled up, with the exception of one spot, about the size of a threepenny-piece, opposite the extensor tendons of the toes, which continued to discharge slightly for several weeks. At the end of three months, however, this had closed, and the cicatrix was contracting.

He was now allowed to get about, at first with crutches, and afterwards with a stick, bearing some weight on the foot, till at length he was able to do without any support; but, owing to the loss of the use of the extensor tendons of the toes, the points of the toes had a tendency to catch on the ground when he raised his foot to take a step. To obviate this to some extent, he was supplied with a pair of laced boots, with strong leather sides, reaching well up above the ankle.

He was discharged on Jan. 14th, 1873, able to walk fairly well.

EDINBURGH ROYAL INFIRMARY.

HYPERTROPHIC LUPUS OF THE VULVA; COMPLICATION WITH PREGNANCY.

(Under the care of Dr. MATTHEWS DUNCAN.)

J. W——, aged twenty-one, admitted October 28th, 1872. The patient is married and has had two children, both born alive at the full time, but both died when about six months old. Complains of swelling of the left side of the vulva, which is painful and itchy, and from which a thin red-coloured discharge proceeds. The patient states that twelve months after her marriage she felt a swelling on the left side of the vulva, which has gradually increased in size up to the present time. She is now seven months gone in pregnancy. Appetite good; bowels regular; pulse 96; temperature 99°.

On examination, the hips show numerous varicose veins, which in some places are much distended; but there are no varicose veins in the legs, the dilatation beginning above the knee, and being most marked over the hips and upper part of the thighs posteriorly. Anteriorly projects a large mass, consisting of the labia and perineum very much hypertrophied, the left labium being the larger. The chief enlargement seems to be simple hypertrophy of the labia majora, and of the labia minora to a less degree. The veins seen in the labia are dilated and tortuous. From the level of the urethra back to the anus the parts are irregularly nodulated, the nodules being hard, tender, and ulcerated in many parts, the inner ulcerated surface yielding a thin watery fluid. Under the microscope this fluid is seen to consist of numerous corpuscles of various kinds, pus, epithelial scales, compound granular corpuscles, bacteria, and a watery plasma, the last greatly predominating.

The patient, being seven months pregnant, was advised to go home and return after her confinement.

On February 3rd, 1873, the patient returned. She was delivered five weeks ago of a child, which died shortly after birth. The swelling of the vulva has diminished very considerably in size.

11th.—The lower part of hypertrophied and ulcerated right labium was amputated by means of the galvano-cautery. There was remarkable absence of venous oozing after the separation of the diseased structures, but several arterial branches bled freely, and had to be secured by ligature. The operation was performed slowly, the amputated part being gradually removed.

12th.—Slept well during the night. Suffers no pain in the part operated upon. Passes water voluntarily.

13th.—The wound is to be washed daily with diluted Condy's fluid, and dressed with a solution of carbolic acid in water in the proportion of one in twenty.

20th.—The wound looks healthy and healing-like. Discharge free from bad smell.

March 8th.—The mass occupying the position of the left labium was removed to-day by means of the galvano-cautery. No venous oozing, but bleeding from divided arteries. Dressing as before. After the separation of the superficial slough her health quickly improved, and at the end of the month she left the hospital while the wound was still imperfectly healed.

This case is especially interesting on account of the complication with pregnancy, and the important observation made was the great hypertrophy of the affected parts while pregnancy lasted, and then great and rapid atrophy after parturition. The hypertrophy was not œdematous swelling, nor was it vascular congestion, but apparently simple increase of morbid tissue. This kind of hypertrophy occurring in uterine fibroids is explained by their position, and by the similarity of structure between the uterus and its fibroid; but such an explanation does not avail here. Dr. Matthews Duncan greatly prefers the galvano-caustic or the magneto-electric caustic for operations for the removal of masses of lupus or malignant disease of the vulva to any other means. Its advantages are, that while no time is lost in the mere removal, much time and much precious blood are saved to the patient after the parts are removed. There are only a few arteries to be tied, the tiresome venous oozing which is so common in such cases when the knife is used to perform the operation being absent.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 27TH, 1873.

DR. C. J. B. WILLIAMS, F.R.S., PRESIDENT, IN THE CHAIR.

CASE OF ABDOMINAL ANEURISM SUCCESSFULLY TREATED BY PROXIMAL PRESSURE OF THE AORTA.

BY EDWARD HEADLAM GREENHOW, M.D., F.R.S.,
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In the year 1864 Dr. William Murray, of Newcastle-on-Tyne, communicated to the Royal Medical and Chirurgical Society a "Case of Abdominal Aneurism cured by Proximal Pressure upon the Abdominal Aorta." The patient remained well for six years, and then died of a second aneurism. It was found that the remains of the original aneurism consisted merely of a fibrous mass, and that complete collateral circulation had been established by the enlargement of vessels both on the outside and inside of the abdominal cavity. Last year a similar case, cured by the same means, was communicated to the Society by Dr. Moxon and Mr. Durham, of Guy's Hospital. These are the only two such cases which have as yet been fully recorded; and the author trusted that the report of a third case would not be considered superfluous, more especially as in this latter some

of the results of the compression of the aorta appeared to have an interest apart from that belonging to the cure of the aneurism.

Christopher F——, aged twenty-eight, warder in the House of Correction at Kendal, was admitted into the Middlesex Hospital, under Dr. Greenhow's care, on May 20th, 1872. He was a strong-looking man, and his health had been good until Dec. 1868, when he was on board H.M.S. *Princess Charlotte* as an able-bodied seaman. Whilst drawing water from alongside he suddenly felt something give way in his abdomen. Was soon after invalided, and on his return home obtained employment as warder. In Dec. 1871 he again began to suffer and lose strength.

On admission, he complained of pain in the abdomen and loins, shooting downwards to the groins and thighs. A somewhat globular pulsating tumour, about the size of a large orange, was found in the abdomen, immediately above the umbilicus. It extended more to the right than to the left of the median line, and beat forcibly with an expanding lateral as well as with a forward impulse. Firm pressure over the aorta above the tumour, when the patient was sitting up, stopped the pulsation for the time being. The medical staff of the hospital having agreed with the author as to the nature of the tumour and the means to be attempted for its cure, Mr. Hulke undertook to apply the tourniquet.

May 25th.—Chloroform having been administered, Lister's tourniquet was screwed down between the tumour and the xiphoid cartilage until pulsation ceased both in the tumour itself and in the femoral arteries. On account of vomiting the pressure was withdrawn after three-quarters of an hour. The impulse remained as before, but the tumour felt rather more solid.

27th.—When the patient was thoroughly under the influence of chloroform Mr. Hulke applied the tourniquet with the same effect as before, and with two brief intermissions the pressure was maintained during four hours. After some time there appeared marked lividity of the lower extremities, which, as well as the lower half of the abdomen, became quite cold. Temperature taken between the toes was 90°. Sphygmographic tracings of the radial pulse showed increased arterial tension. The breathing became very shallow and gasping. Pulse from 100 to 120, respiration from 44 to 56 per minute. The removal of the pressure was immediately followed by the subsidence of all these symptoms. The pulsation in the tumour was decreased, the forward impulse being much less forcible and the lateral expansion only slight.

For several days the patient suffered much from vomiting, the vomit containing altered blood, and from pain, numbness and coldness in the lower extremities, more particularly in the right limb, which gradually disappeared as the circulation became re-established. The impulse in the aneurism very greatly decreased, until on June 10th it could scarcely be felt, and the patient was allowed to sit up for a short time.

June 25th.—The pulsation in the tumour having decidedly increased again in force during the previous week, the tourniquet was once more applied, so as thoroughly to compress the aorta, and the pressure was maintained for three hours almost continuously. The pulse and breathing showed the same characters as during the former operation, and there was the same coldness of the lower extremities and of the right more than the left foot. When the tourniquet was removed there was forward pulsation of the tumour, but no lateral expansion, and the tumour felt firmer and more solid.

During several days the vomiting and coldness of the extremities continued as before. The urine was albuminous for two days. The impulse in the aneurism continued to diminish till July 1st, when it could not be seen, and scarcely felt. On July 14th the patient was well enough to be discharged home to Kendal.

Sept. 20th.—In accordance with Dr. Greenhow's request, he returned to show himself. No pulsation was found in the seat of the aneurism, nor was there any distinct tumour remaining; but above the umbilicus, to the right of the median line, was an undefined somewhat movable hardness. No pulsation could be detected in the aorta from an inch above the umbilicus downwards, nor in the femoral, popliteal, or anterior tibial arteries.

Mr. Noble, of Kendal, who sent the patient to the hospital, wrote to Dr. Greenhow quite recently to say that the man was in perfect health.

It would appear certain from this case, taken in conjunction with Dr. Moxon's and Mr. Durham's, that the process of cure by coagulation of blood in the sac of the aneurism is not necessarily a rapid process, as it was in Dr. Murray's case, but may last during many days, and sometimes even for weeks. The direct effects of the pressure upon the pulse and respiration were very remarkable, and not less so the secondary effects of the disturbed circulation on the stomach and kidneys, producing the hæmatemesis and albuminuria which followed the operations. The occurrence of such symptoms would seem to suggest that the intense arterial distension caused by the treatment might be attended by serious danger to persons suffering from any kind of organic disease, especially degenerative disease of the arteries.

Dr. MURRAY, of Newcastle, said that the plan pursued by Dr. Greenhow and Dr. Moxon was in accordance with his views, and confirmed them. In the cases he had seen when coagulation once set in it proceeded very rapidly, and was complete, and he referred to a case of iliac aneurism under Dr. Heath, of Newcastle. The case had not yet been fully reported, but pressure was maintained for ten hours with no result; the pulsation was as free as before; the tourniquet was reapplied for twenty minutes, and at the end of the time the tumour was quite solid, and never pulsated again. In other cases, about six, the coagulation was within an hour; in his own case after three hours. He felt convinced that the coagulation occurred rapidly in those cases, and a long period, as fourteen days, was not needed to complete the operation.

The PRESIDENT thought that the rapidity of coagulation would differ in different individuals, also that the tendency of chloroform to produce liquidity of the blood should be considered; it was probable that some other anæsthetic might be employed with greater advantage.

Mr. HOLMES did not think that the operation was free from danger; in some cases it had been followed by death. Mechanical lesions of the gravest kind were often produced. He did not think the treatment should be employed in all cases. If an aneurism was rapidly enlarging it might be resorted to; but it was beyond justifiable surgery to do so if milder means would do. There was distinct evidence of injury from the violent pressure on veins. In three cases death had occurred. Then the prolonged application of chloroform was in itself a source of great danger. He thought a surgeon ought to consider if abdominal aneurism could not be cured by milder means. Low diet and rest often ameliorated. In other cases it was amenable to slow pressure, as by a pad or finger for a portion of the day, and without the danger attending more forcible pressure. The latter was more efficient as well as more dangerous. Though the three successful cases had been reported, yet there were others which had been unsuccessful. As to the coagulation of the blood, he thought there were two ways in which it might occur. Firstly, gradually, as shown in Mr. Durham's and Dr. Moxon's case, in one month; secondly, by the impaction of a clot in the artery, as in Dr. Murray's case.

Mr. HENRY LEE said that it was stated in the paper that the urine was albuminous, and it was explained as due to increased pressure on the vessels of the kidney. This he could not understand, as the pressure was not applied below the origin of the renal arteries.

Dr. GREENHOW said that, with regard to Dr. Murray's remark on slow coagulation, he could not see where there had been any failure in the management of the case tending to produce this. The pulse was quite stopped in the femorals on the application of the tourniquet, and continued so as long as the pressure was maintained. He was not aware of unsuccessful cases treated in this way; as he had stated in the paper, he thought such treatment would be very dangerous in persons suffering from organic disease. He thought the danger in treating abdominal or any aneurism below the aorta by means of Lister's tourniquet arose from shutting off the flow of blood to the lower half of the body. The tension in the arteries of the upper half of the body was extreme. He thought the hæmatemesis was due to the hyperæmia or over-tension of the arteries, not the veins, of the stomach; and that the albumen in the urine was due to the same cause. The man recovered from these in a few days.

ON THE ETIOLOGY OF ALBUMINURIA AS DEDUCED FROM AN ANALYSIS OF 200 CONSECUTIVE CASES.

BY GEORGE JOHNSON, M.D., F.R.S.

About ten years since the author had made a tabular analysis of nearly 300 cases of albuminuria. In each case special inquiry had been made as to the probable exciting cause of the malady, and in the tabular statement of the main points in the history of these cases one column is set apart for the etiology of the disease. Some recent discussions on the influence of alcohol in exciting diseases of the kidney had led him to refer to his analysis of cases for evidence bearing upon this question; nine-tenths of the cases analysed belonging to the class of hospital or dispensary patients. Taking 200 consecutive cases, it is shown that the various etiological influences, single and in combination, come under no fewer than thirty-three heads. It is also shown that scarlet fever, intemperance, cold, wet, and gout—these influences, either single or combined, account for 120 cases out of 200, or 60 per cent. Thus, albuminuria was probably the result of scarlet fever in 24 out of 200 cases, or 12 per cent.; of intemperance in 28, or 14 per cent.; of intemperance and gout in 12, or 6 per cent.; of intemperance and cold in 12, or 6 per cent.; of gout in 8, or 4 per cent.; of cold and wet in 23, or 11·5 per cent.; of cold in 13, or 6·5 per cent. It is shown that intemperance, either alone or combined with other influences, was the probable cause of albuminuria in 58 out of 200 cases, or 29 per cent. Of these 58 cases, in 28 intemperance was believed to be the sole cause; in 12 intemperance with gout, in 12 with cold, in 4 with syphilis, and in 2 with lead. Cold, either alone or combined with other influences, was the exciting cause of albuminuria in 25 per cent. of the cases. In 6·5 per cent. cold alone is believed to have been the cause of albuminuria, in 11·5 per cent. cold and wet, in 6 per cent. cold and intemperance, and in 1 per cent. cold and fatigue. It appears, then, that albuminuria was associated with scarlet fever in 12 per cent. out of 200 cases, with exposure to cold and wet in 25 per cent., and with intemperance in 29 per cent.

The following table shows the proportion per cent. of deaths, recoveries, and of persistent albuminuria in cases resulting from—1. Scarlet fever. 2. Exposure to cold and wet. 3. Habits of intemperance.

	Scarlet Fever.	Cold and Wet.	Intemperance.
Deaths	45·83 ...	27·5 ...	67·23
Recoveries	50· ...	38·88 ...	10·36
Persistent albuminuria	4·16 ...	33·33 ...	22·41

Of the 58 intemperate patients, 11 were women, and 47 were men. In 5 cases out of the 47 men the occupation had not been recorded. Of the 42 men whose occupations had been noted, 5 were waiters. The remaining 37 intemperate men had no fewer than 30 different occupations, not one of them connected with the manufacture, sale, or distribution of alcoholic liquors. Evidently, then, it is not right to assume that men in the class of hospital patients who are not engaged in the liquor trade, and not notorious drunkards, may be placed in a "non-alcoholic" class.

The excess of Bright's disease amongst males, as compared with females, is explained by the fact that as a rule men are more intemperate and more exposed to cold and wet than women. Amongst the cases analysed, 76 per cent. were males, and 24 per cent. females. Out of the 58 cases associated with intemperance, 83 per cent. were males; and of the 36 resulting from cold and wet, 77 per cent. were males.

In addition to the causes of albuminuria before referred to, the following influences appear to have been causative, the figures showing the proportion per cent. in a total of 200 cases:—Typhus fever, 4; typhoid fever, 1; erysipelas, 1; pyæmia, 1; measles, 1; rheumatic fever, 1; purpura, 1; cholera, 2·5; whooping-cough, ·5; diabetes, ·5; syphilis, 3; phthisis, 2; venereal excesses, 5; poverty and hard work, 2·5; emphysema and bronchitis, 3·5; morbus cordis, 3·5; scrofulous disease of bones or joints, 2·5; scrofulous abscess, ·5; pneumonia, ·5; lead, 1; tropical climate, ·5; hydrophobia, ·5; mental anxiety, 1·5; pregnancy, 2·5. The result of the author's later experience would be to add to this long list of causes of albuminuria, particular reference being made to diphtheria, relapsing fever, malarious fevers, yellow fever, and to certain forms of dyspepsia, either with or without an excessive consumption of alcohol or of tobacco, as causative of albuminuria and degeneration of the kidney.

Dr. DICKINSON said much caution was necessary in tracing albuminuria to drink. Both albuminuria and the use of alcohol were so common in this country, that it was inevitable that a considerable proportion of those so suffering might be, unless drink was a sure preventive, charged with intemperance. This would happen with any disease which affected adults; with a parasitic affection, for instance, like scabies, a large number of the sufferers could undoubtedly be convicted of alcoholic excess. Any such tabulations as those just given, compiled with the object of tracing renal disease to drink, must be received with much hesitation. The figures implied no more than that of a certain number of persons so many could be accused of the liberal use of alcohol. Looking at the statistical details, it would be seen that intemperance was assigned as a cause in twenty-nine per cent. (more than one-fourth of all the cases)—an incredible proportion, considering how many women and children must belong to the number. According to that, intemperance was a more common cause of albuminuria than scarlatina, cold, or any other cause. Other causes had obviously been underrated; phthisis was credited with only two per cent., syphilis with three per cent. The cases of lardaceous disease, so common in hospital practice, amounted altogether, so far as could be judged by the statement, to only eight per cent. Diseases of the heart, frequently as such disturbances made the urine albuminous (and the paper dealt only with alteration of the secretion), caused albuminuria only in three per cent. Lead was credited with only one per cent., a startling conclusion, for lead was the most injurious of all foreign bodies as a cause of renal disease. It was the most common cause of granular degeneration of the kidneys. Of forty-five men, hospital patients, taken without selection save that they all died with granular degeneration, ten were workers with lead. Then, on the reverse side, of workers with lead dying of all causes, accident or disease, during seven years, more than a half had granular kidneys. This connexion was well known to those who had to do with hospital patients, and yet was represented by only one per cent. in the tables. Thus other causes appeared to have been dwarfed so as to give greater prominence to alcohol. Then Dr. Johnson had examined 200 cases and had found the cause in every instance. A great number of these must have been granular degeneration, the result of hereditary, climatic, senile, or other obscure influences. He had examined cases and could come to no conclusion as to the cause in more than a half. Again, if alcohol had this overbearing influence, then all over the world renal disease ought to be more or less common; but this was not found to be so; it varied according to climatic influences. From the army returns we could tell the amount of renal disease in our garrisons throughout the world; and albuminuria did not depend so much on alcohol as on climate. It was a disease of temperate climates, and those chiefly where the temperature was most variable. Not temperance but temperature gave immunity. Again, renal disease should preponderate in those cases where there was a peculiar access to alcohol; but it was not found to do so. In a paper he had read before the Society he had endeavoured to prove this. Dr. Johnson had taken exception to his headings of alcoholic and non-alcoholic with reference to the two classes, as though he had inferred that the use of liquor was all on one side. He had only wished to show that there was a sufficient excess of liquor on one side to influence the pathology. If this were denied, he would like to ask why potmen, draymen, &c., died in great numbers between thirty and forty years of age? why they suffered as they did from disease of the nervous system? why their serous inflammations suppurated? why their wounds refused to heal? and, above all, why they had cirrhosis of the liver nearly three times as often as the class with which they were compared? The fact must be evident to everyone that those persons who drank more that others suffered more from it, and might be fairly used to supply some information as to its consequences. The comparison was not so neat as one between drunkards and teetotalers. He did not use that, not being able to get at it. In conclusion, he thought it clear that alcoholic drinks caused a red enlargement of the kidney, and had a certain effect in bringing on granular degeneration—a change analogous to

cirrhosis of the liver; but the effect of drink in this respect was more marked upon the liver. Alcohol sometimes, but rarely, set up acute tubal nephritis. It had no power to cause lardaceous disease. The effect of alcohol upon the kidneys had been very much exaggerated, and never on more insufficient evidence than in the paper just read.

Mr. HENRY LEE did not think the discussion should be altogether on the side of the physicians. Surgeons also saw something of albuminuria, and that independently of disease of the kidney, as from congestion of the urinary organs albumen in urine resulted. He remembered a case some years ago of a patient who was supposed to have disease of the kidney. A consultation was held, and the man was sent to India to die of chronic albuminuria. He returned after a time, and died of apoplexy. There was no disease of the kidney, but an intussusception of the ureter; the albumen was persistent. Then albumen was often met with from inflammation of organs. With regard to alcohol, he thought many things might do quite as much harm as the balsams, turpentine, &c., as are found in gin.

Mr. CALLENDER said he would like to ask Dr. Johnson about the prevalence of albuminuria among Mussulmans. It was said to be exceedingly rare. He thought this might have some bearing on the question, as they were by practice teetotalers.

Sir WILLIAM GULL said he was astonished that the Society should be discussing the causes of albuminuria; he looked upon it as a sign of retrogression. He was quite surprised to hear albuminuria talked about as though it could be settled by statistics. Dr. Johnson said he had ascertained the cause in 200 cases. What Dr. Dickinson had said was fully the case; in two cases out of five the cause could not be found. It was frequent in boys above puberty, but it was not found out because it was not looked for. But in weak, delicate patients the urine might be loaded with albumen; what was the cause he could not say. Then, again, in men over fifty-five, in the disease he had brought forward, "arterio-capillary fibrosis," the causes could not be made out; he believed it was due to changes in the vessels quite apart from the kidney, and not from alcohol, cold, &c. Then cold was said to be a cause; but who had not had a cold? And because a man got a cold, did he get albuminuria? He thought such statements too vague. We ought to consider the forms &c. of the kidney disease, the state of the urine, &c.; for although albumen was present in the urine, yet as long as the salts of the urine were secreted, health was maintained. This must be thought of; the causes were not known, and were often very remote.

Dr. GEORGE JOHNSON, in reply, said that Dr. Dickinson thought the greater part of the paper was directed against him; it was against what he thought was the necessary conclusion from Dr. Dickinson's paper. Briefly, Dr. Dickinson did this: he took the post-mortem records for thirty years, and divided them into those who had traded in, or had to do with liquor, and those who had not. These were not general patients, but those who had died in hospital. Intemperance was said to be more among the first than the latter, who were not in the liquor trade. But among hospital patients intemperance was very common, nearly three-fourths intemperate, and their diseases were dependent upon that. So he did not think it was sufficient to take the post-mortem examination, but the habits of each patient should be inquired into, and not assumed that men not in the liquor trade had not had access to alcohol. Then Dr. Dickinson was astonished at the small number of cases from heart disease. The two were often associated, but heart disease was more often the consequence than the cause of Bright's disease; the renal disease the primary, and the heart disease the secondary. So with regard to lead: many men had been exposed to it; but painters were often drinkers, so he attributed to alcohol what Dr. Dickinson said was due to lead. It was hasty to assume that every plumber who got kidney disease got it through lead and not through alcohol. Sir William Gull was astonished that albuminuria should be discussed there to-night: he had only brought forward the exciting causes, so as to afford trustworthy results. Then he was surprised that the cause had been discovered in so many cases: he had only taken 200 cases in which a cause could be found, and had omitted the others. As to the cause of albuminuria in the young subjects of whom Sir William Gull spoke, though at times it was difficult to find it, yet often it could be traced back to scarlet fever or measles. Sir Wm. Gull thought a mere chill could not be a cause; but if cold caused other diseases, as pneumonia &c., why not albuminuria? But on this point Sir Wm. Gull and Dr. Dickinson disagreed, Dr. Dickinson attributing much more influence to cold than to alcohol.

ANALYSIS OF OBSERVATIONS ON THE TEMPERATURE, PULSE, AND RESPIRATION IN PHTHISIS AND ACUTE TUBERCULISATION OF THE LUNGS.

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In this paper the author gives an account of an analysis of the morning and evening observations on the temperature, pulse, and respiration of eighty cases of phthisis made at University College Hospital. The cases are divided by him into five classes—viz., (1) Acute Tuberculosis; (2) Acute Tubercular Phthisis; (3) Chronic Phthisis; (4) Cases with high temperatures not ending fatally; (5) Cases with comparatively low temperatures not ending fatally. The phenomena relating to temperature are considered under the following heads:—1. The maximum and minimum temperatures. 2. The maxima of the morning and evening. 3. The mean temperatures of the morning and evening. 4. The exacerbations and remissions occurring from evening to morning and from morning to evening. 5. Circumstances influencing the degree of pyrexia.

In the cases analysed by the author the highest temperatures were most frequently attained in acute tuberculosis, but temperatures exceeding 104° were found in all classes except in the cases categorised as "low temperatures not ending fatally." The highest temperatures were as a rule met with in the fatal cases, but in chronic phthisis the temperatures are lower than in other classes, with the exception of the last-named. In chronic phthisis high degrees of pyrexia (exceeding 102°) are for the most part due to pneumonic complications.

The mean temperatures of the cases not ending fatally fell considerably below those of the other classes, owing to a gradual fall in temperature being observed in many during their stay in hospital. The mean morning temperature may fall within normal limits in certain cases in all classes. This, however, is due in some instances to the extent of the remissions which occur from evening to morning, and which may reach subnormal degrees. Such low averages of the morning temperature are, however, more common in chronic than in acute phthisis.

Averages of the evening temperatures not exceeding 99° were only met with by the author in cases of chronic phthisis and the class of low temperatures not ending fatally; he, however, alludes to the fact that these have been recorded by other observers in cases of acute tuberculosis. They are in some cases due to a large proportion of the remissions taking place from morning to evening. The maximum temperature is usually attained in the evening, but by no means invariably. In 10 per cent. of the cases the maximum temperature of the morning and evening observations was equal. In 23 per cent. of the cases the maximum morning temperature observed was higher than the maximum evening, and in 15 per cent. the means of the morning temperatures were higher than those of the evening. High morning temperatures were more common in the class of acute phthisis than in any of the others.

Exacerbations from evening to morning occurred with greater or less frequency in 90 per cent., and remissions from morning to evening in 92 per cent., of 75 cases examined; and these variations were pretty evenly distributed through all classes of cases, being, however, least common in the cases of acute tuberculosis analysed. A morning temperature higher than that of the evening may be found also when the temperature does not exceed normal limits. In a few cases the morning temperature may, throughout nearly the whole series of observations, be found to be higher than that of the evening. Usually, however, these variations occur irregularly throughout the course of the cases.

As the author's analysis is founded solely on morning and evening observations, he thinks it probable, from some cases which he has observed where the temperature has been more frequently recorded, that the apparent remissions from morning to evening may be interrupted by a midday

exacerbation; but nevertheless, in a fair proportion, an actual rise takes place from the evening to the ensuing morning. Equality also between the evening and morning is sometimes maintained, though rarely during long periods; it may, however, extend over thirty-six or forty-eight hours. It may exist both for febrile and for non-febrile temperatures; and, as regards individual mornings and evenings, may form a large proportion of the observations in any given case. Such approximative equality between the mornings and evenings is usually associated with high pyrexia and with severe forms of the disease. The order of the remissions and exacerbations is thus frequently interrupted by the conditions now described, when the usual course of exacerbations from morning to evening and of remissions from evening to morning is inverted or neutralised. Severe exacerbations are, however, commonly attended with equally great remissions; the maxima of each of those observed being an exacerbation from morning to evening of 8·8°, and a remission from evening to morning of 8·4° Fahr. The remissions and exacerbations do not, however, precisely correspond: 10 per cent. had remissions, and 8·4 per cent. had exacerbations exceeding 5° Fahr. The larger exacerbations and remissions are nearly equally distributed among the fatal cases and among those not fatal, but presenting in some part of their course high temperatures.

The author, from an analysis of the remissions and exacerbations observed, considers that Prof. Niemeyer's statement that acute tuberculosis is distinguished by continuity of high temperature is not borne out by facts; for a greater proportion of large remissions and exacerbations is observed in the highly pyrexial cases of this class than in any others.

Although the morning temperature is not unfrequently higher than that of the evening, yet the exacerbations from evening to morning, and the remissions from morning to evening, are usually less great than those following the converse order. In some cases, however, they are greater.

Severe exacerbations are sometimes traceable to extension of the disease, sometimes to intercurrent inflammations, but neither of these conditions is always discoverable. Great remissions are most commonly due to exhaustion, and are an unfavourable symptom. Sweating is perhaps not the cause but the consequence of the remission. It may exist when the temperature is high, and remissions may take place without its appearance. Hæmoptysis has no necessary connexion with any peculiarity of temperature. Lardaceous disease has no necessary connexion with any peculiarities of fever. The fever of phthisis is most closely allied to suppurative fever.

The observations on the pulse in relation to the temperature and respiration are analysed in respect of the quickest and slowest pulses observed in the morning and evening of each case, and also of the means of all the observations on the pulse as compared with the mean temperature and the mean number of respirations. The author, on these points, comes to the following conclusions:—1. That the pulse stands, in respect of rapidity, in the majority of cases, in tolerably definite relations to the intensity of the disease and to the severity of the fever, but that a rapid pulse and a high temperature are not always simultaneously present. 2. That the morning pulse is commonly more rapid than that of the evening, thus confirming Dr. Edward Smith's observation on this point. Exceptions, however, were not uncommon, and the rule chiefly applies to the quickest pulses observed; for in the slowest pulses, and also in the means of the pulses in each case, the reverse condition appears to prevail in the periods during which these observations were taken (9 to 11 A.M. and 8 to 10 P.M.)

The respirations are also accelerated, but their frequency bears no proportion to the intensity of fever in the averages of the cases; but this correspondence may be occasionally observed. The relation of the respiration to the pulse is, in respect of frequency, more constant than that to the temperature, but quick respiration may be associated with a slow pulse; or, more commonly, the pulse may be rapid when the respiration is very little accelerated, and the rise of the pulse is commonly greater than that of the respiration. In the more rapid pulses, and also in the means of the pulse and respiration, the ratio of respiration 1, pulse 3 to 4, is commonly maintained, but in the slower pulses the most common proportion is respiration 1, pulse 2 to 3, and occasionally the respiration may be more rapid than the pulse. The pulse-respiration ratio is but little influenced by the temperature; but, as the pulse is commonly slower when the temperature is low, a high ratio of the respiration to the pulse is sometimes found under these circumstances. Great variations, however, exist in individual cases in the relation both of the pulse and respiration to the temperature on different days. Either the pulse or the respiration may be singly accelerated or not both when the temperature falls or rises, or any one of the three may fall while the others rise in frequency or degree of temperature. The absence of correspondence between the rate of respiration and the degree of temperature is probably due to the variations in the amount of respiratory surface remaining as compared with the requirements of the system. Severe pyrexia may, however, be excited by a comparatively small area of disease in the lungs. Pyrexia, however, *per se*, tends, as noticed by Traube, to increase the frequency of respiration.

Reviews and Notices of Books.

Lectures on the Physiology of the Circulation in Plants, in the Lower Animals, and in Man. By J. BELL PETTIGREW, M.D., F.R.S., F.R.S.E.; Pathologist to the Royal Infirmary of Edinburgh, and Curator of the Museum of the Royal College of Surgeons of Edinburgh. Reprint. Edinburgh: Oliver and Boyd. 1873.

[FIRST NOTICE.]

DR. PETTIGREW has succeeded in placing before the profession a most interesting and graphic account of the circulation as it exists in its entirety—a labour of great magnitude, but one for which everyone interested in physiology will feel grateful. The volume forms the first serious attempt at a great generalisation on an avowedly difficult subject. By much patient research, by much ingenuity, and hard thinking, Dr. Pettigrew has succeeded in clearing away the dross from a very fascinating, if sorely involved, problem. Unlike many modern workers, he deals with general principles, and philosophises. Facts are only valuable to him as bearing on the ultimate. While condescending to wade through details when necessary, he is careful never to lose himself; while engaged in dissecting and experimenting he is also thinking, and this it is which renders his lectures a welcome contribution to medical science. By confining himself to the inductive method of reasoning, he has succeeded in evolving a great many new points; these, when taken together, constituting a solid advance on existing knowledge. Dr. Pettigrew differs from other physiologists in his mode of interpreting nature, preferring, as he does, to watch her operations in the normal condition and as apart from artificial stimulation. In this we think he is right; for it is illogical to infer that the movements of the fluids of plants and animals are precisely the same when the plants and animals are poisoned, irritated with stimuli, or hacked about with the scalpel. The instant the integrity of an organism is disturbed, either by poison, artificial stimuli, or the scalpel, the vital manifestations of the organism may be, and not unfrequently are, rendered abnormal and deceptive.

The points which Dr. Pettigrew has sought to establish are the following:—He has shown that the forces engaged in the circulation in the lowest plants and animals are the same as those engaged in the highest; these forces being analogous to, if not identical with, certain physical forces known to exist in the inorganic world. The organic and inorganic forces are, he maintains, correlated. He shows that living plants and animals, and their juices or circulating fluids, exhibit an infinite variety of movements in their normal or healthy condition; these movements, in not a few instances, being stopped or reversed by artificial stimuli. He shows that a healthy living plant or animal, or parts thereof, are superior

to the inanimate matter by which they are surrounded; and that living organisms take in and give out fluid, semi-solid, and solid organic and inorganic matters, according to fixed laws, and apart from anything in the shape of irritation. It follows from this that plants and animals, or parts thereof, control and regulate their movements irrespective of the substances by which they are surrounded. The vital forces, he explains, work in the same direction as the physical forces, and to a common end. Thus, in the circulation in plants, the vital forces work in harmony with the physical forces, as manifested in endosmose, exosmose, absorption, evaporation, capillarity, chemical combination, &c. These forces do not require for their manifestation any particular structure. In other words, they exhibit themselves in plants and animals composed of cellular and other masses, as well as in plants with distinct vessels, and in animals with vessels and pulsating cavities. Dr. Pettigrew shows that in plants a system of inverted capillary and other syphon tubes exists, which admits of the free play of the vital and physical forces referred to, the fluids in plants sometimes oscillating, at other times gyrating as in animals. Similar remarks may be made regarding some of the lower animal forms. In the lowest animals the circulation is unconfined—i. e., the fluids wander about in the tissues unconstrained by vessels. When vessels make their appearance pulsating cavities with rhythmic movements are discovered. These rhythmic movements in the vessels continue in some instances even when there is a fully-formed double heart, as in the veins of the bat's wing. The oscillation or irregular movements of the fluids in plants produced by absorption, evaporation, growth, &c., is a rhythm of a kind. This rhythm, more precise and defined, reappears in the pulsating cavities of vessels where the heart is absent. The rhythm culminates in the four-chambered heart of the mammal. The complex double heart with its very precise movements is elaborated from simple materials invested with somewhat irregular powers.

Dr. Pettigrew has done much to simplify our conceptions of the fœtal circulation as it exists in ourselves. He has also advanced some original and ingenious views as to the mode of development of the fœtus in utero, and the relation which exists between mother and fœtus during pregnancy. He differs from the Hunters and their followers as to the constitution of the human placenta, and shows, by a variety of arguments, as well as by artificial injections, that the human placenta resembles in its general features that of other mammals, notably that of the monkey. He consequently does not believe in the maternal sinus system or uterine vascular expansions in which the chorionic villi are said to be bathed with maternal blood. On the contrary, he maintains that the villi of the mother and fœtus are simply placed in apposition, and that a placenta may be formed anywhere, as, for example, in the Fallopian tube or outside the uterus; an arrangement which admits of a natural union and separation on the part of mother and child. He regards the fœtus as a parasite—i.e., a living thing which grows upon and is fed by another living thing. The interchanges between the maternal and fœtal blood within the placenta, according to him, are affected by osmotic action, occasioned by the presence of utricular secretion between the maternal and fœtal capillary tufts.

Dr. Pettigrew believes that muscle has the power of elongating as well as shortening, and that the different compartments of the heart alternately suck and push; the heart doing work in whichever direction it moves. The sucking and pushing actions are due to vital, spontaneous, centrifugal, and centripetal movements. He discards the term contraction as applied to muscular movements, for he says, truly enough, that when a muscle shortens or lengthens, its bulk remains always exactly the same. But for the double power assigned to muscle he avers that the intestines could not exhibit vermicular movements, nor the different compartments of the heart open and close. If, he says, the ventricles firmly contract, they eject all their contained blood, and become, *pro tem.*, a solid muscular mass. Unless, he adds, they open spontaneously the blood which is supposed to distend them is not admitted. The closing of the ventricles, he explains, is produced by a shortening and broadening of all the fibres composing these structures; the opening of the ventricles being produced by an elongating and thinning of all the fibres. Similar remarks apply to the other hollow viscera, as the stomach, bladder, and uterus. On this subject no one is more competent to give a sound opinion, for, as is well known, Dr. Pettigrew has made the subject of the heart his own, alike by dissection and experiment; his preparations on the muscular fibres, valves, and nerves of the heart, in the Hunterian Museum of London and that of the University of Edinburgh, amounting to nearly 300.

Dr. Pettigrew supports his belief in the elongating power of muscle by an appeal to its ultimate structure, and by a careful analysis of its vital manifestations in the heart, worm, the tentacles of the snail, &c., when not abnormally excited by artificial stimuli. The sarcous squares or ultimate particles of voluntary muscle, he maintains, can change shape in two directions—viz., in the direction of the length and breadth of the muscle. When the muscle elongates the long axes of the sarcous elements are arranged in the direction of its length, and when the muscle shortens the long axes of the sarcous elements are arranged in the direction of its breadth. He attributes a rhythmic action to the sarcous elements. This view becomes very intelligible when Dr. Pettigrew explains the direction of the muscular fibres in the ventricles and hollow viscera generally. The fibres of the ventricles &c., as he was the first to discover, are arranged in seven layers; the fibres of the first and seventh layers being disposed in spirals, which intersect each other at acute angles; those of the second and sixth layers, and those of the third and fifth layers, being also disposed in spirals, and intersecting at more obtuse angles. The fibres of the fourth or central layer pursue a somewhat circular direction. When the ventricles close, all the fibres shorten and broaden by a simultaneous movement; and when the ventricles open, all the fibres elongate and narrow. There is, consequently, no such thing as antagonism in the muscular arrangements of the ventricles and hollow viscera.

A Treatise on Diseases of the Skin and its Appendages. By AUSTIN MELDON, L.K.Q.C.P., L.R.C.S.I., &c. Small 8vo; pp. 270. London: Longman, Green, and Co. 1872.

MR. MELDON has given a very fair description of the naked-eye characters of most skin eruptions; but for a really good *résumé* or reflection of the present state of cutaneous pathology or therapeutics we have looked into this little work in vain. Mr. Meldon says in the preface that "very slight progress has been made in the pathology and treatment of these (skin) affections. The microscope has revealed the existence in certain diseases of vegetable and animal parasites, but beyond this we have not advanced." Can Mr. Meldon have read the last edition of Neligan, edited by Belcher, and published in Dublin? Have not the labours, to name only a few instances, of Biesiadecki, Neumann, Kohn, Auspetz, Dertz, Hutchinson, Haight, Barensprung, Hebra, Koster, Fox, &c., put us in possession of the exact morbid changes which go on in eczema, prurigo, herpes, cancer, and lupus, and so enabled us to found a scientific cutaneous therapeute? Under the head of Rupia we are told (p. 72), "anything which tends

to impoverish the blood may cause rupia." We imagined it was *always* syphilitic. Speaking of psoriasis (p. 96), we are told that "it is a disease in which, from subacute inflammation of the cutis, the material from which the cuticle is formed is supplied either too rapidly or in too great abundance. By the rapid formation of the dermis nature endeavours to restore the equilibrium." And he proceeds:—"The disease seems in general to depend on the state of the stomach, and not unfrequently we find subjects of it suffering from acute gastritis ..... Sometimes it is epidemic." Lichen planus is said to be so rare that it is seldom mentioned in works on cutaneous medicine. Can Mr. Meldon have seen Mr. Erasmus Wilson's writings on this disease? Comedones are styled "comedrones," this word and also "comedo" being always spelt with an "r" next the "d," in the body, in the index, and in the table of contents. The tolerably common disease "grocer's itch" is said to be ecthyma. Speaking of tinea tonsurans, the author says (p. 178) that the disease is due to the Trichophyton tonsurans "first found by Gruby and placed under the name of *Microsporon Audouni*." This spelling is repeated in the book at p. 192. Gruby did not discover the microsporon named after Audouin. From p. 186 we learn that tinea favosa is "by far the most important disease affecting the scalp," certainly not on account of its frequency, for its rarity, as compared with all other scalp mischiefs, makes it one of the least important. The observations on treatment are in some parts good, but they are by far too general and withal too dogmatic. No reference is made to non-parasitic sycosis, cutaneous cancer, and rodent ulcer, or to syphilis of the skin.

Foreign Gleanings.

PROPERTIES OF PANCREATIC JUICE AND OF PAROTIDEAN SALIVA OF INFANTS.

Dr. KONOWIN, assistant-physician to the Children's Clinique of St. Petersburg, has conducted a series of experiments with the liquids taken from the pancreas and parotidean glands of several children who had died from intestinal or pulmonary maladies, and tried their fermentative action on starch. He has stated that the pancreatic juice during the first months of life does not possess the property of transforming starch into sugar; this property becomes manifest only after the third month, and attains its highest degree of intensity towards the end of the first year. On the other hand, parotidean saliva converts starch into sugar during the very first days of life, and it is possible to ascertain this effect of the liquid from birth. The action is more powerful as the child is more developed.—*Centralblatt für Med. Wissensch.*, No. 17, 1873.

ACTION OF PURGATIVES.

At the last meeting of the Société de Biologie of Paris, Professor Vulpian communicated the results of various experiments touching the above. A dog being put under the influence of woorari, a certain quantity of sulphate of magnesia was injected into the bowels with the following effects: Gathering of liquid secreted by the mucous membrane, and exactly similar to that of intestinal catarrh; presence in the liquid of desquamated epithelium cells with vesicular nuclei, red globules, leucocytes, and vibriona. Dr. Vulpian concludes that the action of the sulphate is especially due to its exciting a catarrh of the mucous membrane. He stated, however, that by endosmotic action some portion of the salt was absorbed, passed through the vessels, and was rejected through the kidneys, the urine containing traces of magnesia thirty-six hours after the administration of the purgative. No peristaltic movements were observed in the above experiments. When jalap (the tincture) was administered to other dogs, also under the influence of woorari, the same phenomena were observed, but with greater intensity, especially in the large bowel; the mucous membrane was swollen and covered with ecchymoses. In these experiments peristaltic movements were observed. Dr. Vulpian's conclusion is that purgatives act especially by producing intestinal catarrh, and not by exciting peristaltic movements or through endosmotic phenomena.

URETHROCELE IN THE FEMALE.

Cystocele in the female is an affection well known to surgeons; but a prolapse of a portion of the *urethra* into the vagina is not common, and hardly described in textbooks. Such a urethrocele proved extremely inconvenient to a married lady thirty-one years of age, and she applied to M. Gillette. She complained that in the erect posture urine would frequently escape, as also during coitus. On introducing the finger into the vagina a bulging was immediately felt, and the end of the female catheter introduced for a very short distance could easily be felt in the sac. M. Gillette thought that he might control the bulging by dissecting off a piece of the mucous membrane of the vagina covering it, and bringing the edges of the solution of continuity together. The important point was to dissect off the vaginal mucous membrane without opening the urethra. The case was so far successful; but the surgeon doubted whether the benefit will be permanent.

A SURE SIGN OF PYELITIS.

In the numbers for February and March of *Il Morgagni* of Naples, Dr. Pascallucci gives a new sign for making out the existence of pyelitis, which he draws from examination of crystals of nitrate of urea. After having examined the epithelium contained in the urine, he adds some nitric acid so as to obtain nitrate of urea. The precipitate is then examined with the microscope. When catarrh is limited to the bladder, the crystallisation of nitrate of urea is normal, and the crystals are arranged in the form of hexagonal rhomboidal blades. In pyelitis the blades are irregular, and set at angles, and some of them affect the shape of small feathers. This sign, says Dr. Pascallucci, is constant and superior to all others.

GLYCOSURIA THROUGH SUPPRESSION OF LACTATION.

In a recent communication to the Société de Biologie of Paris, Dr. Sinety stated that the glycosuria often observed in females during the process of suckling is due to suppression of lactation, or takes place when the quantity of milk drawn away is not in proportion to that which is produced. Thus glycosuria may be artificially caused by suppressing lactation. His conclusions were grounded on a series of facts observed in women and the females of dogs and rabbits.

TREATMENT OF PSORIASIS BY TINCTURE OF SPOILT INDIAN CORN.

This case is recorded by Dr. Zambon in *Rivista Clinica di Bologna*. The patient was a girl of nineteen. The dose employed was one gramme of the tincture to one ounce of water, every morning. Recovery took place after thirty-four days' treatment. The administration of the drug was suspended during an interval of a few days on account of sickness, after which its use was resumed until recovery took place.

HYDRATE OF CHLORAL.

To the Editor of THE LANCET.

SIR,—I am in the constant habit of using hydrate of chloral, and have not noticed any ill effects. In one case, a lady over eighty years of age (case of fracture of thigh), I have given it, at first every night, latterly occasionally, for more than six months with marked benefit as a hypnotic and anodyne. The dose was slightly increased about three months ago, from fifteen grains to twenty grains. In other cases the dose has had to be increased frequently. A short time ago I gave a quarter of a grain every four hours to an infant a week old (case of convulsions), with most satisfactory results, and at the same time, and with the same result, three grains every four hours to an infant six weeks old. I think it the most useful, and with caution one of the safest drugs in the Pharmacopœia.—I am, Sir, yours &c.,

Worcester, May 12th, 1873. WM. WOODWARD, M.D.

THE LANCET.

LONDON: SATURDAY, JUNE 7, 1873.

WHATEVER may be the future development of pathological science—and it will, no doubt, be marvellous,—it is not likely that there will ever be a period of that development more full of interest and excitement to speculative minds than is the present. It is evident that we are on the verge of discoveries, not only intrinsically more important than any which have been made in recent years, but different in kind from anything which has gone before them. We are about to determine questions which not only deeply concern pathology itself, but tend to connect it by new and strong ties with philosophical biology, and to throw a brilliant light on both departments of inquiry. At the same time it must be confessed that our advances are slow and fluctuating; so that to the outside spectator it sometimes seems as if scientific pathologists were only marching up the hill, like the King of France, who afterwards marched down again.

A good illustration of this peculiar situation of pathological questions was afforded by Dr. BURDON-SANDERSON'S recent paper "On the Infective Product of Inflammation," and the discussion which followed, at the Royal Medical and Chirurgical Society. To the speculative inquirer it is scarcely possible to feel a more lively interest than that which attaches to the twofold phenomena observed by Dr. BURDON-SANDERSON—viz., the artificial intensification of the irritant qualities of animal fluids at the will of the experimenter, and the apparently constant presence of low organisms in inflammatory products which possess a high degree of infective power. At the same time, those who are not possessed of the requisite knowledge to appreciate the special value of individual facts for the purposes of future inquiry will naturally be apt to ask, with more or less impatience, When may we hope for definite conclusions which will enable us to lay our finger on the exact point at which common inflammation becomes infective, and to understand the nature of that change so completely as to be able to prevent its occurrence?

The inferences which Dr. BURDON-SANDERSON felt justified in drawing from the experiments which were given in abstract in the report of his paper, published in THE LANCET of May 24th, are the following:—That the condition expressed by the word septicæmia (including under the word not only septic fever, but also the intense mucous and serous inflammations by which it is accompanied) may be produced independently of the entrance of septic matter from without by the introduction into the serous cavities, or into the circulation, of liquids derived directly from tissues in certain stages of inflammation, and that the process by which infective abscesses are formed in various organs and tissues at a distance from some primary focus of inflammation is of similar origin, both being due to the existence in the circulating blood of an infective agent, which, although of purely intrinsic origin, yet possesses all the characters of a septic poison. The uniform presence of bacteria in the highly infective fluids is considered by SANDERSON to be no proof whatever that these organisms bring the disease in from without; it may well be, he thinks, that they serve as carriers of infection from one part of the body to another, or even from one individual to another, but yet are wholly devoid of any power of *generating* the contagium.

It is certainly most remarkable that not only animal fluids, but pure chemical irritants (of such a nature that it is absolutely impossible that living organisms can have been contained in them) when introduced into the body are capable—equally with the most intensely septic animal matters—of setting up inflammation, the products of which are rich in infective microzymes. This is a really astounding fact; and, *en passant*, we may confess our total inability to understand how the opponents of heterogenesis can explain it away. It is something far more serious, however, than a mere speculative puzzle; for one cannot help seeing that in proportion as the supposed necessity for the introduction of some germs (or at any rate some animal matter) from without gets done away with, the most flourishing hopes of a noted school of therapeutists vanish into unsubstantiality. Alas for the antiseptic dressing! if bacteria, and even animal putridity, can be altogether dispensed with in the production of true septic fever, how are we to find any basis for a rational prophylaxis by carbolic acid or anything of that nature? And does it not seem that the distinctions, so carefully laid down by eminent writers, between the pure and the septic surgical fevers must become antiquated, and be wholly superseded? It may be as true and as recognisable as ever, that certain patients have only "wound-fever," while others have septic fever; but whence are we any longer to derive the satisfactory assurance that the former states will not pass into the latter in any given case, however benign in appearance. It seems clear that the present stage of the inquiry as to infective inflammation is but an early one, and that many arduous labours are before our pathologists, if they are to give us such a knowledge of the specific causes of septic poisoning as may enable us to frame an intelligible history, much more a reasonably hopeful treatment, of the disease. All this, however, so far from diminishing, only enhances the importance of inquiries like those in which Dr. BURDON-SANDERSON is engaged; and we hope that he may persevere in them, and be ably and zealously seconded by the rising generation of pathologists.

A GLOOMY and withal rather garrulous article appeared last week in the *Journal* of the British Medical Association on the subject of Medical Reform. The author hops about in it from one part of the subject to another. The only two points to which he steadily adheres are that the Association has been the great source and agent of all the medical reform that has been accomplished, and that in all its efforts it has been unassisted by THE LANCET. The plaintive tone of the whole article is depressing, or rather suggests that the writer was in a depressed mood, and, like all people in that mood, was determined to blame somebody

for his disappointment. It would be ungenerous to retort in the same spirit. Besides, as we are not depressed, we should be without the excuse. But we must reproduce some of the plaintive notes of the *Journal*. "THE LANCET has never aided the Association while fighting the battle of Medical Reform." "It is also well to bear in mind, in no invidious spirit be it stated, that THE LANCET in past days, no more than at present, lent the Association a helping hand." It will amuse the profession to be told that THE LANCET, which was a power in bringing about Medical Reform before the Association existed, has ever refused assistance to any really sound measure of reform, whether it originated with the Association or in any other quarter. No further back than 1870, when the Association happened to be in accord with THE LANCET in regard to such a change in the composition of the Medical Council as would make it more representative of the profession, THE LANCET most cordially co-operated with the Association in trying to induce the Government to make such a change, and in opposing the second reading of the Government Bill, unless such a change were conceded by Mr. FORSTER. Not only did THE LANCET then help the Association, but the Reform Committee had the generosity, or rather the justice, in its report to the annual meeting at Newcastle-on-Tyne, to attribute some of the credit of the stand made against the Government Bill to THE LANCET. Now, for some reason or other, the Reform Committee forgets, or manages to ignore, its own acknowledgments, and indulges in the luxury of a diatribe against THE LANCET for not helping the Association forsooth. This lament and the history of half a dozen unrealised Reform Bills make up the most of the leading article to which the readers of the *Journal* were treated on the 31st of May. The members of the Association would have been more grateful for news of Mr. HEADLAM'S Bill, and for a defence of the Reform Committee for bringing up in 1873 a measure of Medical Reform which might have been accepted in 1870, but which is felt in 1873 to be altogether inadequate. The complaint that the Association has not been helped by THE LANCET is a strange one. A more correct expression of the real grievance would probably be that the Reform Committee has not been helped by THE LANCET. The Reform Committee of the Association is one thing, and the Association itself is another. The real crime of THE LANCET, we suspect, is that it has expressed only too well the feeling of the Association, and that the *Journal* only, and that very feebly, has been the mouthpiece of the Reform Committee. THE LANCET and the great bulk of the Association are not likely to be much divided in opinion on any great measure of medical reform. We admit that THE LANCET aims at forming and guiding medical opinion, and so occasionally finds itself in advance of the profession. But the profession is never long in following; and the Reform Committee may find one day, if it has not found already, that the profession, including the Association, agrees with THE LANCET in giving up the hope of getting nineteen bodies to make three satisfactory boards, and in approving of a smaller General Medical Council in which the mere councils of the corporations shall no longer be represented, and in thinking that a One-portal system is not to be satisfactorily made out of nineteen portals. The Medical Council has spent two or three years and a great deal of money in trying to induce its constituent bodies to coalesce; and it has wofully failed. If the Bill of the Reform Committee of the Association were to pass to-morrow, the bodies would be compelled to do that which they are most reluctant to do. But very little good ever comes out of reluctant combinations, and the result would be a failure. We should have a Scotch Board examining students for half the fee charged in Ireland and England. The Reform Committee steadily evades this difficulty. But that is not to solve it. And we have a strong suspicion that the members of the Association perceive that the proposals of their Committee do not contain a satisfactory scheme for a one-portal system of admission to the profession. We have an equally strong suspicion that the enlargement of the Medical Council is distasteful to the members of the Association, and that they will be positively grateful to us for using our efforts to avert such an evil. In fine, it seems to us that THE LANCET has rendered the Association "help." It has helped its members to have doubts of the sufficiency of the Bill of Mr. HEADLAM to meet the necessity of the case and the wishes of the profession. It has helped to save them from being mere tools in the hands of a Committee which learns nothing by experience; and, if we may judge from the doleful tones of the leader in last Saturday's *Journal*, we have helped them very effectually. We are most happy to assist the Association. But we must decline to help the Reform Committee. It has the *Journal* to "help" it, though, between faint praise of Mr. HEADLAM'S Bill at one time and at another taking no notice of it, its assistance has probably been of a very doubtful character. The Committee and the *Journal* may find, if they do not move on a little faster, an alliance between THE LANCET and the Association.

SINCE the publication of our last article on the new Army Medical Warrant, we have received a communication from the War Office, to which we beg to direct the attention of our readers. Spite of Mr. DISRAELI'S golden maxim that there is no greater waste of time than that of affording explanations, we shall retrace our steps and state, as succinctly as practicable, the course we adopted, in order that our present position may be rendered perfectly clear. Great dissatisfaction had been very generally felt and expressed in regard to the new Warrant. We were favoured with so many views of it that we thought it best to obtain some authoritative explanation, if possible, of Mr. CARDWELL'S intentions; and, with this end in view, we addressed ourselves to Dr. LYON PLAYFAIR, M.P., as the representative of a university which numbered so many of its medical graduates in the public services. We represented to that gentleman that it would be impossible to recommend young medical men to enter the Army Medical Service so long as such a widespread feeling of uncertainty and dissatisfaction prevailed. We ascertained that Dr. LYON PLAYFAIR had already been in communication with the War Minister; but up to that time no permission had been given for the publication of the correspondence, and this had, first of all, to be obtained. Two days afterwards, however, we received an intimation from Dr. LYON PLAY-

fair that his request had been acceded to, and that the documents were at our disposal for publication. We regarded them, as we had every right to believe at the time, as having been exclusively furnished to this journal. Such, however, proved not to be the case. Still, it was entirely owing to the initiative taken by us that the correspondence ever saw the light at all. Acting on information we received, as we stated last week, we struck out all reference to the name of the Director-General in that correspondence, informing Dr. Lyon Playfair of our reasons for so doing. We did not rest here; but addressed a communication to the War Minister, and we now publish his reply in another column. While we fully acknowledge Mr. Cardwell's courtesy in the matter, we feel ourselves entirely at liberty to comment on his communication as we should do upon any other public document. It is to our minds far from a satisfactory production. The course taken by the authorities appears to have been an endeavour to shift the responsibility from one to another. If it be Mr. Cardwell's intention to vindicate the Director-General, his success has not corresponded with his intention. It seems to us to have been altogether irregular to have submitted the Memorandum under the circumstances for the Director-General's signature at all; and we greatly regret that he did not refuse to append his name to it. However much it might have appeared to the Director-General that he was simply signing the proceedings of a War-office meeting, it will, no doubt, be regarded in a different light by the profession. Mr. Cardwell's covering letter to Dr. Lyon Playfair implied, if it did not actually express, that the Director-General was individually and exclusively responsible for all that the enclosed Memorandum contained. Mr. Cardwell now disclaims any such intention. He states that it was the conjoint production of the Medical and Estimate Departments; and he then goes on to add that it embodies reasons for changes which had been arrived at on financial grounds, and recommended not on grounds suggested by the Medical Department, but that it would more appropriately have borne also the signature of a financial officer of the War Office. The matter ought not to be allowed to rest here. Mr. Cardwell should go further, and state, as the paragraphs in the Memorandum were not based on the Director-General's recommendations, whether they were opposed to those recommendations, and if so to what extent? Meanwhile, guided by the light of Mr. Cardwell's communication and the internal evidence of the Memorandum itself, it would now appear that the statements affecting decisions as to the rectification of the establishment of senior officers so as to secure, on an average, promotion after fifteen years to the juniors, as well as the statements relative to the contemplated rules for the issue of forage, and the financial reasons for applying these to the Medical Service in particular, belong to the Estimate and not the Medical branch of the War Office. There are other statements which simply amount to an expression of the decisions at which Mr. Cardwell had arrived, and no clue is given to their authorship. The authorities can scarcely flatter themselves with the belief that the explanations afforded in the Memorandum will still the storm. Some concessions are inevitable. We had a right to expect, after the War Minister's speech in the House of Commons in introducing the Army Estimates, in which the rectification of the medical establishment in the direction of unification was implied, and the promise of promotion at fifteen years promised, that the first would have been carried out with every consideration for the medical officers, and the last fixed upon a more secure basis than the word of a War Minister, whose power to carry out his intentions is necessarily conterminous with his continuance in office. As we have urged, again and again, the forage clause is plainly a retrograde step, and, what is more, an unjust one. We have been told that this alteration is "only in the direction which is contemplated for all departmental officers serving with the army"; but nothing has yet come of this contemplative mood as regards any other departmental officers. The only reason that could justify the imposition on medical officers of duties and responsibilities of an unprofessional character in connexion with the charge of hospital stores is virtually nullified by the existence of a commandant at Netley, whose position is rendered still more anomalous by the fact that all such appointments at naval hospitals have been abolished, with no little advantage to those institutions. As the Report of the Committee of the King and Queen's College of Physicians in Ireland well points out, the pay of the higher ranks of the army medical officers is inadequate. The pay of surgeon-generals is about the same as it was fifty years ago; while that of the Director-General, charged with the administration of the whole department, is actually £500 less than it was half a century ago, when the duties and responsibilities were much less than now. In fairness, we must give the authorities credit for one thing, and it is that they have not shrunk from inviting medical officers to forward statements of their grievances, which, if we may judge from all we hear, will certainly be done. It remains for Mr. Cardwell to give these mature consideration, and, in Mr. Ayrton's language, "rule his conduct accordingly." The new Warrant is overladen with a deck cargo of objectionable clauses and conditions, and the sooner he throws them overboard altogether the better.

It is probably within the recollection of our readers that when the Public Health Bill was passing through committee last year, it was agreed by all concerned that the port of London must, for sanitary purposes, be subject to a single authority. Much discussion arose as to who this authority should be. The Thames Conservancy were willing to undertake the work, but are said to have no available funds. The Metropolitan Board of Works offered to discharge the duties if taxing powers were granted to them; but the Corporation, knowing the importance of keeping the City and the port as closely connected as possible, came forward and announced to the President of the Local Government Board that they were ready to take sanitary charge of the river, and to pay all expenses incurred out of their corporate funds. Mr. Stansfeld and his colleagues were well aware that the acceptance of this offer indicated an annual saving to the Exchequer of at least a thousand pounds, and, of course, jumped at the proposal. The Lord Mayor, Aldermen, and Burgesses of the City were accord-

ingly constituted the sanitary authority of the port of London, and a special Committee was appointed to carry out the provisions of the Act.

After nearly twelve months' deliberation, the Port Sanitary Committee of the City Corporation presented, on the 29th ult., at a meeting of the Common Council, an elaborate and very carefully compiled Report relative to the future sanitary governance of the Thames and its contiguous docks.

The legal limits of the port extend from Teddington Lock to some twenty miles below the Nore Lightship, dovetailing, as it were, at various points into the ports of Rochester, Faversham, and Ramsgate on the south, and of Maldon and Colchester on the north side of the Channel.

This is, of course, an almost impossible district for sanitary purposes. But, on the other hand, it is plain that the vast majority of inspectorial work required must lie in a comparatively limited, though still very large, area—i.e., from London-bridge to Woolwich, including the docks on either side and one or two important creeks. The Committee appear to have concentrated their attention upon this part of the river, and advise the appointment of a medical officer of health and three inspectors of nuisances, the latter officers each having a dock and river district specially assigned to them. It is also recommended that the hospital hulk *Rhin* be retained at Gravesend for the reception of any cases of infectious disease that may arrive at the mouth of the port, and that the services of a medical man at Gravesend should be secured to superintend the sanitary arrangements. We have picked out the main results of much careful deliberation, and consider it a duty to compliment the Committee very cordially on the elaborate and exhaustive character of their report. But the Corporation declined to ratify the recommendations of their delegates. A warm discussion ensued; it became evident that even the Sanitary Committee was divided against itself, and the proposals in so far as they related to financial expenditure were rejected by a large majority. Eventually, on the motion of Dr. SAUNDERS (who has been one of the most earnest workers on the Committee), the whole subject was referred back for reconsideration.

We are not alone in recording that the Corporation have failed to exercise a wise or liberal discretion in dealing with this matter; but, judging from the remarks made and the arguments used on the occasion, we take it that most of the speakers entirely misapprehended the direct object of this clause of the Public Health Act which has been committed to their keeping. This Act was framed for the prevention (not the cure) of disease; and the clause with which we are now concerned was introduced into the Act because the river and the docks were (and unfortunately still are) positively and actually the only district of this vast metropolis entirely destitute of any sanitary supervision. The speakers and other members of the Council appear to forget that the City under its former health officer, Mr. SIMON, was the first to set its house in sanitary order, that the whole of the metropolis has for some years been mapped out into sanitary districts each having its staff of officers, and that the object of the port clause is simply to place the river and the docks on a sanitary equality with the rest of London. Why, on all grounds of common sense, ought it to be exempted? The port of London has the largest carrying and the most varied trade in the world, home as well as foreign. Speaking in a hygienic sense, there is no place in the United Kingdom so vulnerable; for the Thames and its tributaries worm their way into the very heart of the town, and that, too, in its dirtiest and most populous quarters. We seriously hope that the Corporation will reconsider this question with a due appreciation of its immense importance; for if the sanitary interests of the river, and *a fortiori* of the metropolis, are neglected much longer, it will become the duty of the Government to transfer the responsibilities now possessed by the Corporation to the Thames Conservators or to the Metropolitan Board of Works.

THE number of our medical charities is a remarkable illustration of the public spirit of the age, and their prosperity very good evidence of public generosity. Unfortunately, however, they are not all exempt from certain abuses, and in some instances are as unworthy of support as many other institutions that assume the garb of charity. The knowledge of this fact has often unduly checked benevolence, and thereby made the innocent to suffer for the guilty, for there are medical institutions worthy of the most liberal support and patronage, and which have a constant claim on the public purse. It is the privilege as well as the duty of the wealthy to assist the destitute sick, care always being exercised to distinguish the deserving from the undeserving. This, we are pleased to find, will be attempted in the distribution of the money collected on Hospital Sunday, a committee having been formed to consider the claims of the applicants for aid; and it is to be hoped that neither fear nor favour will influence the allotment. Great discrimination is necessary in supporting medical charities; for while some useful hospitals are crippled in their efforts from want of funds, others, professing perhaps greater things, are lavish in administration, although undeserving of encouragement. It may be laid down as a general rule that none of the so-called special hospitals have any claim on our benevolence, for now there are special departments in most of the general hospitals; and where they do not exist, it is better to establish and support them than to erect separate buildings, for then the management is vested in one body, and the funds are not dissipated by maintaining a separate establishment with an extra staff of lay officials and an expensive money-collector. It is even better to enlarge the general hospitals for the accommodation of those suffering from special diseases than to squander money on costly edifices. The really useful hospitals are annually deprived of large sums of money by the pretentious appeals of the small special ones, whose only use should be to direct the public mind to the departments for the treatment of these special diseases in the general hospitals. Many, led away by the presumptuous appellations of some of these petty places, render them substantial aid, thus unwittingly defeating their own laudable intentions. At the present time the public is asked to subscribe a large sum of money for the erection of a new hospital for the treatment of skin diseases in place

of that hitherto known as St. John's Hospital in Leicester-square; but, from what has been said, it will be seen how strongly we object to such unjustifiable expenditure, for the *raison d'être* of all skin hospitals, and especially this one, has long since passed away. The same sum of money given to the general hospitals would accomplish three times the amount of good. It would be expedient for all persons unacquainted with the various medical charities in London or elsewhere, before subscribing to one or more of them, to consult some of the heads of the profession on the merits of the particular institution they wish to benefit; we should then probably hear no more of hospital abuses and the so-called hospital reform, and secure the greatest good to the greatest number.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE OF SURGEONS' ELECTION.

OWING to an obscure wording of the College charters, it appears that Mr. Charles Hawkins' retirement will make an extra vacancy to be filled up in July, instead of postponing Mr. Quain's turn of retirement. The retiring members of Council will therefore be Mr. Quain, Mr. Turner, Sir James Paget, and Mr. Hawkins, and of these Mr. Turner and Mr. Hawkins do not seek re-election. Sir James Paget will doubtless be re-elected with the unanimity which his position in the profession and the Council fully warrants. Of Mr. Quain's intentions we have no information, but we can hardly imagine that he will desire to be re-elected after occupying a seat in the Council for nineteen years, and filling all the posts of honour open to him. There is no reason why Mr. Quain should not continue to represent the College in the General Medical Council, although not a member of the College Council, since Mr. Cæsar Hawkins was appointed representative after his retirement from the Council.

For the three vacancies which will thus probably have to be filled, we understand that Mr. Haynes Walton, of St. Mary's, Mr. Cooper Forster, of Guy's, and Mr. John Marshall, of University College, are likely to be nominated, and possibly other gentlemen. No exception can be taken to any of these names, and their possessors have earned for themselves positions in the profession which fairly entitle them to represent their fellows in the College Council. Mr. Haynes Walton is a Fellow by examination of 1848, and Messrs. Forster and Marshall of 1849, and they may therefore be expected to support the party of progress in the College.

One peculiarity about the election will be that the junior candidate elected will be Mr. Charles Hawkins' substitute during the coming year, and will have to retire in his stead next year when Mr. Hawkins' turn comes round in due course. Of course he will be eligible for and will doubtless obtain re-election, as in the case of Mr. Hancock, who, having been elected in 1863, was obliged to stand again in 1864. This is one of the absurd results of the clumsy provisions of the Charter of 1843, which does not provide for the retirement of elective members of Council save at their regular periods.

We may remind intending candidates that they must send in their recommendation papers duly signed on or before Monday next, the 9th inst.

THE CONTAGIOUS DISEASES ACTS.

Apropos of the alleged Conservative reaction that is said to be setting in, there is a movement of another kind which we hail with considerable pleasure. The opponents of the Contagious Diseases Acts have, by dint of talking, pamphleteering, and agitating, managed to occupy a large share of public attention, but the reaction against them and their views has been joined in by persons of all shades of political opinion. If a late meeting at Croydon may be taken as an indication of the growing feeling among the public with regard to these Acts, we may assume that it is totally opposed to their repeal. The Rev. Mr. Glover took the chair, and for a time all went on pretty well; but the chairman, unfortunately for himself and the object of the meeting, read a letter from Dr. Carpenter, in which that gentleman, with that due sense of impartiality which might have been expected from him, expressed an opinion that the time had not yet arrived for deciding as to the operation of the Acts. This statement was received with enthusiasm by the meeting, and neither the oratory of the legal representative for the repeal of the Acts nor that of Mrs. Malleson could succeed in turning the tide. Dr. Strong then ascended the platform, and at once showed himself worthy of his name. He proceeded to hit one nail on the head by saying that the subject was not a proper one for discussion at a public meeting at all, and especially by females. He then replied *seriatim* to all the statements and arguments used by the opponents of the Acts, and the result of his logical hammering was, that not an objection was left standing. A proposition to give three cheers was vociferously responded to by the meeting. It is of great importance in an argument to have complete command of the facts, and to find that they are on the speaker's side, but it requires both courage and skill to employ them with effect. This Dr. Strong evidently succeeded in doing, and we give him every credit for his pains.

CONSTANT WATER-SUPPLY AND FIRES.

THE recent deplorable loss of life occasioned by the fire in Grosvenor-mews has once more attracted attention to the imperative need of a constant water-supply throughout the metropolis. But we fear that we shall have to wait until the "dreadful misfortune" presaged by the coroner has happened before so obvious and so easily satisfied a want is provided for. Of what use is it for the engineer of a water company to tell the public that there are now "over 900 miles of water-mains in the metropolis constantly charged," if, notwithstanding, the firemen are unable to get water for ten minutes or a quarter of an hour after their arrival at a fire, because they cannot, in the turncock's absence, find out what particular plugs are supplied? The turncock in this case stated that although "the mains were constantly on, there were streets in his district in which no water could be had unless he was sent for." But fires will not always break out conveniently in the line of water-mains, and nothing short of a constant supply at full-pressure through the side-services as well as the mains will suffice. Captain Shaw observed at the late inquest that the provisions of the Act of 1871 for a constant supply at high-pressure "had not yet come into operation in any single spot"; the Act is, in truth, a dead letter entirely, so far as that goes. And whose fault is that? Who is responsible for weak and foolish concessions to the powerful vested interests of the water companies, which have enabled them to make the Act inoperative? There can hardly be a question on that score in the mind of anybody who remembers the withdrawal of the Bill No. 1 and the substitution for it

BEST COPY AVAILABLE

of the Bill No. 2 of 1871. Instead of putting the Metropolitan Board of Works in a position to dictate terms to the companies, as it ought in the interests of the health and safety of three millions of people to have been put, the outcome of the Act of 1871 has simply been that the Board finds itself unable to put in force its power under the Act to insist upon a constant supply because of the costly and vexatious regulations upon the adoption of which it is made contingent. Whether this session is to witness any attempt to put an end to this state of things we do not know, but certainly the inhabitants of London will be justified in charging the Government with grave neglect of a matter vitally important to them, if any delay arises in removing the obstacles which have thus far made the Act of 1871 abortive as regards a constant supply of water to the metropolis. They can hardly afford to wait until a Cabinet Minister has been burnt to death.

DR. LANKESTER AND THE MIDDLESEX MAGISTRATES.

THE complaints of extravagance which are periodically brought against Dr. Lankester by the Middlesex magistrates are not only useless and aggravating, but have, apparently, little foundation in facts. At the late general meeting of the magistrates, Captain Morley felt it again his duty to call the attention of the court to the "very extravagant charges" of Dr. Lankester, whose inquests had cost the county £2 11s. 10d. each! This alarming average sum had been caused by Dr. Lankester's obstinacy in the matter of post-mortem examinations. Dr. Lankester during the last quarter has held, it appears, 178 inquests, and has ordered 151 post-mortems; while Mr. Humphreys, who has held six inquests more, has ordered only fifty-one post-mortems, thereby reducing the average cost of each inquest to £1 13s. 6d. Captain Morley further remarked that if Dr. Lankester be right in asserting that an inquest without a post-mortem is a farce, then 111 of the inquests held by Mr. Humphreys were a farce altogether. This was certainly rather (though unintentionally) severe upon the gentleman who had studied the expenditure of the county so carefully; but before drawing a comparison between Dr. Lankester and Mr. Humphreys, Captain Morley should, in all fairness, have stated how many times in these 111 inquests a verdict of "accidental death" had been returned, for we conclude that even Dr. Lankester would admit that in many cases of death by accident or violence a post-mortem examination can throw very little, if any, extra light upon the inquiry. Captain Morley did not state how many of Mr. Humphreys' inquests were held upon hospital patients, in which case no fees are payable either for medical evidence or post-mortems. If Captain Morley has any substantial charges of needless extravagance to bring against Dr. Lankester, it would surely be better to do so by a statement of individual facts rather than by making general assertions. It is needless for us to say that we consider Dr. Lankester perfectly justified in ordering a post-mortem in every case in which the cause of death is not (as in many cases of accident) obviously certain. We fear that medical men, especially those in rural districts, to whom a post-mortem is a burdensome and unremunerative trouble, are often too ready to give evidence as to the cause of death in the coroner's court upon insufficient data. Cases occur every now and again which should serve as a caution to medical witnesses; and we may mention one notable instance last year, where a coroner's jury, at an inquest held upon the body of a woman (Elizabeth Kettle) who was undoubtedly the victim of arsenic-poisoning, brought in a verdict of death from "natural causes." No post-mortem examination had been ordered, and the inquiry was a farce.

DISCOVERY OF HUMAN REMAINS IN A PEAT BOG.

A VERY singular discovery of the remains of a human being has been made in a bog near Omagh. It appears, from an account furnished to a local paper, the *Tyrone Constitution*, by the Rev. Geo. Sidney Smith, D.D., rector of Drumragh, that a short time ago some turf-cutters were engaged at their work near his residence when the spade cut out what appeared to be a human hand. On further search, nearly the whole skin of a man of large size was recovered. The antiseptic properties of peat bog are so well known that they need not be dwelt upon, and it is consequently not very wonderful to learn that the structures were found in a perfect state of preservation, as if tanned; but what does not seem so easy of explanation is the fact that no bone of any kind was discovered. When the skin was spread out on the ground much of it was torn in strips, but there remained the whole arm like a coat-sleeve, only split up from the wrist to the shoulder. The right hand with the nails—and very large ones—attached; the skin of the right foot with the great toe-nail, reaching up above the ankle, about twelve inches altogether, were recognised. Neither the hand nor foot was split, but whole. The other portions of integument looked like the coverings of the back, shoulders, chest, and possibly the face; and the remnants were sufficient in quantity to account for the whole skin of the body. In appearance the structure was black, and as thick as buckskin. It was found about two feet below the surface, and partly covered over with a piece of timber which has since proved to be of oak. From the position of this plank the remains would appear to have been interred. We are glad to learn that they, together with the piece of plank, have been secured by Mr. M. G. Buchanan, who informs us that the tracings of the nails are perfectly distinct, and that the œsophagus and mesentery are both present. The rector writes that it might be supposed to be the skin of a man that had been flayed, were it not that the hand and foot (both of which are very well preserved) exhibit no incisions such as would, he thinks, have been necessary for stripping the skin off. He adds that it may, in all probability, have lain in the bog for a century or more. The most curious thing is the absence of all bones; for it seems impossible to conceive that the bog should have exerted any solvent action capable of removing these. It is not stated whether the front and back surfaces of the hand and feet were both present, and the information is deficient in several details of importance; but we have placed ourselves in communication with Mr. M. G. Buchanan, who has kindly offered to answer any inquiries on the subject.

POISONOUS WELLS.

THE *Pall Mall Gazette* has some observations upon polluted wells in reference to enteric fever which, we regret to say, will rather tend to perpetuate than to remove the evil to which they refer. They are based upon certain reports of the Medical Department of the Local Government Board, and seem to us to miss entirely the teachings of those reports. Our contemporary says of these reports that "they amount merely to an examination of the stable door after the steed has been stolen; and, though they show very clearly how the door might have been securely shut or fastened, what is wanted is to discover how the inspection of a competent locksmith can be obtained in time to prevent further losses of the same kind. It seems clear to us that one of the most necessary and important duties of the sanitary authority of a district should be to provide for a periodical analysis of the water supplied to the inhabitants; and it is certain that had this been the regular prac-

tice, nearly every one of the outbreaks of enteric fever investigated in these reports would never have occurred, and many hundreds of lives would thereby have been saved." Now, as we have read the reports in question, the practical lesson to be derived from them seems to be, that no analysis of the kind proposed would have aided, in the greater number of cases, to forewarn against an outbreak. The conditions of pollution out of which enteric fever arises are not as a rule such as periodical chemical analysis of waters would help us much against, and they do not require any chemical examination for their discovery. They are patent to the commonest observation, but their mischievous influence in respect to enteric fever is ordinarily developed under circumstances that no chemical analysis could discover beforehand. But the conditions in question —namely, the storage or conveyance by sewers of excremental matter contiguous to sources of water-supply—are almost absolutely under our control, and under the control of local authorities. It is the particular value of the reports of the Medical Department of the Local Government Board that they have brought this truth into the fullest light. The powers of local authorities are defective as to the closing of wells that have become polluted and mischievous, but they are very large in dealing with the conditions under which wells may become polluted. And the reports under consideration consistently urge that it is on the removing of these conditions that our future safety depends, and that a local authority is bound to see to their removal. As a subsidiary aid to these measures chemical analysis has its uses; but chemical analysis used for the purpose our contemporary advises would simply be what he deprecates, "an examination of the stable door after the steed had been stolen."

"HOW TO STAMP IT OUT."

IN an annotation which appeared in this journal on October 5th last, we gave under the above heading an account of the circumstances connected with an outbreak of small-pox in Auckland, New Zealand, and we spoke in warm terms of commendation of the conduct of Dr. Philson in the difficult position in which he was placed. The following copy of a letter forwarded to that gentleman by the Provincial Government is very satisfactory in indicating that the advice we then gave and the recommendations we made have not been without their effect:—

Superintendent's Office, Auckland, 3rd Feb., 1873.

SIR,—The Provincial Government desire to testify their appreciation of the zeal and attention displayed by you in your capacity as provincial surgeon, during the recent visitation of small-pox in Auckland.

It is due to you to express their opinion that the speedy and effectual extinction of that terrible disease was mainly owing to your unceasing efforts for the public welfare; efforts that must have involved very great self-sacrifice throughout the continuance of the epidemic.

I have much pleasure in handing you the enclosed cheque for £100 awarded by the Government in recognition of your services.

I have the honour to be, Sir, your most obedient servant,
THOMAS B. GILLIES, Superintendent.

Thomas Moore Philson, Esq., M.D., Provincial Surgeon, Auckland.

MILITARY IMMORALITY.

Vinum et scorta. Such were the causes to which Livy, in a well-known episode of his history, ascribed the ruin of many an officer under the Roman Republic. That these became aggravated during the Empire is attested by other historians, through whose chapters we can trace the gradual decay of the Roman *virtus* till effeminacy invited the incursions of the barbarians and the downfall of the city. We fear that similar agencies are not absent from the military services of modern nations, our own included. The luxury of the officers of the Second Empire explains not a little of the success of their hardier and less self-indulgent antagonists in the late war. Are we sure that our own cadets and holders of commissions are free from the same vices? An article in the *Globe* reveals the extent to which immorality is promoted amongst them. Prospectuses offering every facility for sexual indulgence, advertising private meetings "at any hour of the day or night," promising "comfort and secrecy," and cataloguing the "highly recommended" victims of the pimp and the procuress, reach them as freely as any trade announcement at their clubs and family residences. Names of honourable men are extracted from the Directory or the Army List, and to them as well as to the facile object to whom the temptation is addressed these circulars find their way. An extension of Lord Campbell's Act might be employed to stop this villanous practice, and so protect our young officers from an excess of the temptations that already surround them, and their seniors from having the purity of the household invaded by the literature of the panderer.

DRINKING FOUNTAINS.

IT is highly gratifying to learn that the Metropolitan Drinking Fountain and Cattle Trough Association, which has just held its fourteenth anniversary, is in a very flourishing condition. During the past year the expenditure amounted to nearly £3000, and the financial year closed with a balance in hand of over £600. Up to the present time more than 300 troughs and fountains have been erected by the Association, and the boon thus conferred upon men and animals is certainly incalculable. The opportunity of water-drinking thus offered to the metropolitan populations is apparently not lost upon them, for the report stated that as many as 8000 persons had drunk at one fountain in a single day, and that the water-rate payable by a single trough or fountain was in some cases as much as £30 per annum. The latter fact brings the value of water before our eyes in a rather startling manner, and one cannot but wonder that this grimiest of cities, densely over-populated as it is, should retain its high standard of healthiness notwithstanding the great obstacle to cleanliness which is entailed by the high price of water. The Association, in its report, ventures to hope that it has done good work in lessening drunkenness, and it puts forward the suggestion that water-drinking and alcohol-drinking bear an inverse proportion to each other. The yearly increasing revenues derived from the Board of Excise seem, however, entirely to negative such a supposition.

DANGER OF BALCONIES.

WE rarely think that those adornments of our houses, the balconies from our drawing-rooms, are sometimes stepping-stones into eternity, but an examination of some of them would remove all doubt. Many in front of the older houses consisting of time-worn flags, others of rusted iron, and others of rotten wood-work without support or bracket, the wonder is that they do not more frequently give way. Hardly a week passes in which some do not fall either from the weight of a few small plant-pots or from a gust of wind, and some apparently unprotected, while many are known to be too treacherous to be trusted to support the weight of an ordinary person. The danger of resting on them was demonstrated in a cruel and shocking manner on Sunday, the 25th ult. Mr. James Simon, second son of Mr. Serjeant Simon, M.P., about to call the attention of some of his friends in the street, stepped on a balcony and leaned over it, when the upper rail, which was wedged into

the wall by a piece of wood that had long since rotted, gave way, causing the unfortunate gentleman to be precipitated on to three spikes of the railings below, which entered the abdomen. Injured as he was, he managed to free himself, and was taken to University College Hospital, where he lingered till the following Thursday, when he died of traumatic peritonitis. The verdict at the coroner's inquest was "Accidental death," and here the matter will probably rest till another life is sacrificed. Why should not balconies be subjected to periodical inspection? A regular and systematic examination ought to be made of the balconies in the old streets, for it cannot be less culpable to allow a balcony to remain in a condition dangerous to those who may stand on it or to passers by, than it is to wilfully leave an open grating on the pathway.

THE BROMPTON HOSPITAL FOR CONSUMPTION.

AT the late annual court of the governors of this hospital, the report which was presented showed that the financial condition of the institution was most satisfactory, the excess of receipts over expenditure being no less than £3000. Strange as it may seem, the munificent bequest of £100,000, left by the late Miss Reid, has as yet proved anything but an advantage. The bequest is still "in Chancery," and Lord Derby, the chairman, stated that "it was uncertain how long it would have to remain there." This bequest has given to the hospital a reputation for wealth, and the general impression that it is not likely to want funds has caused during the past year a great falling off in the donations. Let us hope that the accumulations of this property "in Chancery" will more than counterbalance the cost of its sojourn in so expensive a place, and that in the end the hospital will not be a loser. Lord Derby dwelt upon the great difficulty of selecting proper cases for admission, and the necessary apparent harshness which had occasionally to be exercised in refusing admission to those, however ill they might be, who were not likely to be benefited. There is certainly no more difficult and heart-rending task than that of refusing admission to a hospital, but the wisdom of selecting cases purely on medical grounds cannot for a moment be doubted. The sick poor who apply for admission to our general hospitals often seem to think that mere poverty or worldly misfortune should make good their claims, and in refusing admission to such it is often difficult to escape the imputation of cruelty. Every hospital physician or surgeon must have suffered many a pang while laying down the rule that hospitals are for the really sick, and not the merely wretched, and that curable cases have a prior claim to those which cannot expect relief.

SALARIES OF IRISH POOR-LAW MEDICAL OFFICERS.

IN anticipation of the introduction of a Public Health Bill for Ireland during the present session, Dr. Maunsell, the Honorary Secretary of the Irish Poor-law Medical Officers' Association, has prepared a most useful statement showing how the country is subdivided for the purposes of medical relief, and the expenditure in the several provinces, &c., under the Sanitary and Medical Charities Acts. Ireland is divided into 718 dispensary districts, each of which has an average population of 8000, and an average area of 30,000 acres, or 50 square miles, the average salary of each medical officer being £100 a year. A glance over the tables shows abundant instances of total inconsistency between the salaries paid and the extent and populousness of the districts; and we can no more understand than Dr. Maunsell appears to do why the medical officers of the largest districts in Ireland should receive the lowest remuneration because the valuation of those districts happens to be low. There is need for revision, both as regards salaries and districts, for it cannot be otherwise than a bad arrangement that one medical officer should be obliged to cross the districts of others in order to reach parts of his own, and that any district should be so absurdly planned as to have its fifty square miles of area in a strip of twenty-five miles long by two miles broad. The total number of persons attended by the dispensary physicians throughout Ireland during the year 1871 was 741,275—or about one-eighth of the whole population,—close upon 200,000 of these having been visited at their own homes. In addition, they vaccinated 180,000 children, and gratuitously certified for 367 dangerous lunatics. And all this service is rendered to the country at a cost which averages three farthings in the pound on the Poor Law valuation of property. Dr. Maunsell is quite right in advising his Association to have a personal representative in London to look after their interests, in the event of a Public Health Bill for Ireland being brought forward this session. The post would be no sinecure, especially if it is hoped to induce the Government to incorporate the medical officers entirely into the Civil Service, the State paying the whole of their salaries, and guaranteeing them superannuation. Dr. Maunsell points out to the Irish Association of Poor-law Medical Officers that Mr. Headlam's Medical Act Amendment Bill leaves them unrepresented in the Medical Council, and remarks that as long as the Council fails to represent the profession at large its composition will remain, as it is now, unsatisfactory.

STATISTICS OF WHOOPING-COUGH.

DR. VOIT, in a paper read before the Junior Medical Society of Zurich, gives the following statistics of whooping-cough in Würzburg, compiled from the history of the last thirty years. During this period there have been eight epidemics of the disease, and it has constituted 2 per cent. of all the affections registered. Amongst 100 sick children in Würzburg, 1 is affected with scarlet fever, 2 with whooping-cough, and 5 with measles. Female are rather more liable than male children to whooping-cough (0·5 per cent.) In regard to age, 13 per cent. were affected before completing their first year, 64 per cent. between one and five years, and 23 per cent. between six and fifteen years. It is most frequent in winter and spring. The duration of an epidemic varies from three to thirteen months, which is shorter than the epidemics of scarlet fever, but longer than that of measles. The period of incubation lasts from two to six days. In a large number of cases, after the lapse of a few months, an epidemic of whooping-cough succeeds one of measles. In regard to the mortality the results of different epidemics vary, but upon an average it is 6·7 per cent. The proportion of deaths in girls exceeds that of boys, and 25 per cent. of suckling infants die. In winter and spring 19 per cent. die. Dr. Voit thinks it is either a blood-poison or that it may perhaps arise from a local infection.

THE MACCLESFIELD INFIRMARY.

THE majority of the medical staff of the Macclesfield Infirmary have, we find, followed the advice we gave last week, and resigned their appointments. It appears that, in addition to the difficulty respecting the out-patients, to which we have referred, the Committee wished to enforce a rule by which the medical officers would be elected for three years only, with eligibility for re-election. This the medical officers have resisted, and, we think, wisely, for it is impossible to say how local politics might stand at any given period fixed for re-election, and a most worthy and

deserving officer might find himself "left out in the cold" because he had given offence, it may be, to some influential governor in respect of his treatment of an infirmary patient—or from any other cause. We have never supported life-long tenure of office, and think some age or date should always be fixed at which an office should be absolutely vacated, but that is a very different thing from having a constant succession of changes in a staff—a system which has been proved to work most disastrously in one of our London hospitals.

While two of the consulting surgeons and five of the regular staff have resigned, we notice that two gentlemen—father and son—hold aloof, and explain, in a "bland" letter to the *Macclesfield Courier*, their reasons for retaining office. We regret that the decision should not have been unanimous, and can see nothing in the letter in question bearing upon the real merits of the case. We still hope that the differences between the staff and the Committee may be arranged, but we think those gentlemen in the right who decline to begin the work of a new institution shackled by improper regulations, which, once accepted, would be difficult to shake off.

A PHILADELPHIAN M.D. IN PRACTICE AS A SURGEON.

THE circumstances of the death of a decent man named Elam at the Park Gate Ironworks, Sheffield, call for some notice at our hands. The deceased, a forgeman, had worked no less than nine turns in the week, apparently with the view of making money for the purposes of his approaching marriage. He worked all day on the Tuesday, and then went to work again at twelve o'clock at night. On the Wednesday morning he seemed to faint, and soon died from exhaustion or apoplexy. "Dr." Long was sent for, who, strange to say, is the surgeon for accidents to the works, though he had no English qualification, and is supposed to hold his degree from Philadelphia. He refused to attend on the score that he was only engaged to attend accidents. Mr. Smith was sent for, and attended promptly, and stayed with the patient four hours. The Coroner severely reflected on the behaviour of "Dr." Long, and requested to be reminded of the American origin of his doctorate if he was ever called on to take his evidence. He was very complimentary in alluding to Mr. Smith, and said that his conduct had been so exemplary that the jury would have him if it were only for the sake of paying him a guinea.

ALLEGED ILL-TREATMENT OF FENIANS.

THE case of the Fenian convict Redding, who was concerned in the murder of constable Brett at Manchester, came before the Court of Queen's Bench the other day. He accused the medical officers of Chatham and Millbank of cruelty, inasmuch as when suffering from incipient paralysis he was treated as a malingerer. To test the genuineness of his "symptoms," he was subjected to galvanism, he had a hot poker applied to the inner aspect of the femur, and a quill was passed gently along the soles of his feet. His complaint that these operations caused him severe pain convinced the surgeons that their suspicions of malingering were justified, and he was treated accordingly. On the expiry of his term of imprisonment he applied for a criminal information against the surgeons for cruelty, and a rule *nisi* was obtained. The Attorney-General showed cause against the rule on Wednesday, the 28th ult., and Thursday, and the Judges decreed that it ought to be discharged. Mr. Justice Blackburn said that Redding had greatly exaggerated his treatment, and Mr. Justice Quain expressed himself still more strongly. In discharging the rule, the Court gave costs against Redding.

THE COLLEGE OF PHYSICIANS.

WE earnestly direct the attention of all those Fellows of the College of Physicians who are interested in the cause of medical education, and who desire to see an end put to the offensive monopoly of power and patronage which a certain small clique in the College of Physicians is attempting to establish, to attend the Comitia Majora at the College on Monday next, the 9th inst., and insist upon a full discussion of the extraordinary "Second Report of the Committee of Reference for an Examining Board in England," which will then be presented to the College, and which we print at length in another column.

CHARITY IN HIGH PLACES.

THE Marquis of Westminster has set a laudable example in placing Grosvenor House at the disposal of the Committee of the Belgrave Hospital for Children. A musical entertainment in aid of the funds was given on Thursday, the 29th ult., by the Wandering Minstrels, and proved highly successful, the proceeds realising more than £400. The rooms were crowded by a brilliant audience, and an initiative to such entertainments has been given which promises to make them a "feature" in future seasons. The Belgrave Hospital dates from 1863, and treats children of from two to ten years of age both as in- and out-patients. In 1871 the in-patients numbered 95 and the out-patients 803. The success with which it has been conducted and the novel manner in which it has been supported will surely find a parallel elsewhere.

DR. THOLOZAN.

FROM the Russian accounts of the progress of the Shah, we learn that Dr. Tholozan, his principal physician, has accompanied him on his visit to Europe. His appearance in the suite of the Shah, on the entry of His Majesty into St. Petersburg, is especially noted in the journals of that city. We shall look forward to Dr. Tholozan's visit to this country with considerable interest. In addition to the office of principal physician to the Shah, he has now for some time held the post of Director of the Sanitary Administration of Persia. His distinguished services to military medicine and epidemiology will be well remembered.

IRISH MEDICAL ASSOCIATION.

THE annual meeting of the Association took place on Monday, the 2nd inst., the chair being filled by Dr. Hynes, president. The report of the Council referred, amongst other things, to the need of increase pay to the medical attendants of the Royal Irish Constabulary; the objections to the new Army Medical Warrant, and to Mr. Headlam's Bill, which it was considered required amendment before it should receive support. Resolutions were agreed to relative to an application to Ireland of the Public Health Act, and of sympathy with the militia surgeons who have been injured by the recent Army Regulation Act.

THE ADULTERATION ACT.

THE following motions will shortly be discussed by the Court of Aldermen:—"That in the opinion of this court it is desirable that steps should be taken to obtain power for duly-appointed analysts to inspect and sample tea and other articles of food and drink stored in the bonded warehouses for purposes of analysation."—"That the Customs authorities should have power to declare, 'for exportation only,' such tea and other articles of food and drink stored in the bonded warehouses that shall have been reported upon as adulterated, or by any cause rendered unwholesome, by a

duly-appointed analyst, and that no such tea and other articles of food and drink be permitted to be cleared for home consumption."—"That it be referred to the Commissioners of Sewers and the Local Government and Taxation Committee to consider as to the desirability of any, and, if any, what alterations should be made in the Adulteration of Food Act, with the view of endeavouring to obtain such modifications as may be deemed advisable."

VARIATIONS IN CLINICAL THERMOMETERS.

IN a letter published in another column, Mr. Kesteven directs attention to a very important matter—the untrustworthiness of clinical thermometers, even, in some cases, of such as are got at first-rate instrument makers. The use of the thermometer is now a most valuable and interesting part of our duty in a large number of cases, and it is very disagreeable to have our confidence in the instrument shaken by the testimony of so careful an observer as Mr. Kesteven. We commend his letter to the study of instrument makers. We do not see that it is too much to expect makers to sell only fully tested instruments. The demand is now very great, and the price charged is sufficient. At any rate, makers who would make a point of selling only tested instruments would have the advantage over others.

CHARING-CROSS HOSPITAL.

THERE is now an epidemic of a spurious erysipelatous character in the surgical wards of Charing-cross Hospital. The first patient, after the opening of an abscess, was attacked on May 24th with rigors, diarrhœa, and nausea, some blush occurring about his nates. In the same wards, on May 28th, 29th, June 1st and 2nd, four patients, who had wounds, suffered from rigors, nausea, and purging. In one of these the attack proved fatal within twenty-four hours of its appearance. One man, who on May 31st had been moved out of the infected ward for operation, was attacked like the foregoing on June 2nd. The five cases which on Wednesday were progressing favourably have been removed to a separate ward, where they will have about 1500 cubic feet of air per head. Measures are being taken to avoid any crowding in the surgical wards.

ANOTHER MISHAP WITH CARBOLIC ACID.

LAST Sunday morning, at St. George's Hospital, a night nurse by mistake injected the vagina of a patient with strong carbolic acid. A solution of one part in forty of water had been ordered. The cries of the patient prevented the nurse completing the injection, but sufficient was used to produce a painful caustic action on the vulva, thighs, and nates. We had hoped that the recent fatal result at St. George's Hospital of the careless use of carbolic acid would prove effectual in preventing the repetition of such blunders. This makes, to our knowledge, the third accident at St. George's Hospital with carbolic acid. Have the night nurses of that institution neither wits nor noses?

MR. GEORGE AUGUSTUS SALA.

SOME time ago we had occasion to report on the health of Mr. G. A. Sala, which was such as to have given rise to rumours of a somewhat exaggerated character. We are now glad to learn that since he reached St. Leonard's-on-Sea he has been making steady progress towards recovery. The erythematous condition of the limbs affected, and the intense irritation to which it gave rise, have almost entirely subsided, while insomnia no longer persists. Under the influence of the rest he is enjoying his strength and nervous energy are becoming re-established.

THE PROPOSED NEW SMALL-POX HOSPITAL.

AT the last meeting of the Camberwell Board of Guardians it was decided to call the attention of the Local Government Board to the general unfitness of the plot of ground in the Old Kent-road destined for a site for the erection of a new small-pox hospital. The land is said to be ten feet below the level of the Thames and adjacent canal, while in the immediate vicinity are several bone-boiling and paint factories and a gasworks. The position chosen for the hospital appears to ordinary men glaringly ineligible, but who can gauge the wisdom or fathom the springs of action which regulate the mysterious decrees of the Local Government Board?

PROFESSOR SHARPEY.

WE are glad to state that Dr. Sharpey has considerably improved during the past week, and is now able to take outdoor exercise. All the unfavourable symptoms have subsided, and the state of vision still remains good.

PROVIDENT DISPENSARIES IN MANCHESTER.

THE question of medical attendance on the working classes is being warmly discussed in Manchester. We hope to notice the subject next week.

WE are gratified to observe that at the last meeting of the Hackney Board of Works attention was drawn to the exaggerated statement respecting the number of deaths from drowning in the River Lea which was lately made public by the secretary of the London Swimming Club. A member of the Board had communicated with the Royal Humane Society on the subject, and received a reply to the effect that the average annual number of deaths in the Lea, instead of being 366, as stated by the secretary of the Swimming Club, was only about twenty, including suicides and accidents.

DR. JOHN A. CAMPBELL, Physician to the Carlisle Dispensary, has been promoted by the unanimous vote of the Committee of Visitors from the post of Assistant Medical Superintendent to that of Superintendent of the Cumberland and Westmoreland Lunatic Asylum, in room of Dr. Clouston, appointed to the Royal Edinburgh Asylum. Dr. Campbell is the author of several articles in the *Journal of Mental Science* on the treatment of the insane and the management of asylums, and of papers on medical subjects in other journals, several of which were noticed in THE LANCET at the time of their appearance.

THE Putney Local Committee of the Wandsworth Board of Works lately directed their medical officer to visit and inspect the premises of The Priory, an institution for the reception of the insane at Roehampton. Dr. Whiteman reported that the sewage of the establishment flowed in the first instance into a ditch close to the house, and then rolled itself into the river, the result of this "meeting of the waters" being "a smell that was very sickening," with the prospect of "an outbreak of fever, if the practice were not put an end to."

AT a meeting of the Wrexham Sanitary Authority held a few days ago, the medical officer reported an epidemic of scarlet fever of a malignant type in the neighbourhood, causing a considerable increase in the rate of mortality. Overcrowding, bad ventilation, and a deficient supply of water were given as the cause of the outbreak. We hope that by this time a health committee has been appointed who will lose no time in erecting a temporary hospital for the accommodation and isolation of patients.

THE *Law Magazine* states that the crime of murder is considerably on the increase in Scotland, one judge at Glasgow having on a late occasion to try no less than six cases of murder alone. Our contemporary is "afraid that the crime is only too likely to increase under the present system of no punishment, or uncertainty of punishment, which is much the same thing."

DR. FRANKLAND, in his report for May, states that the water delivered by the New River Company was slightly turbid from the presence of minute white floating films, amongst which moving organisms were seen. This impurity was not due to imperfect filtration, but probably to the repairing of a main or reservoir.

ASIATIC CHOLERA has been introduced from Poland into two small villages in the Province of West Prussia. The authorities have, in consequence, taken precautionary measures by establishing a visiting station at Grandenz, and ordering persons coming from the infected places to undergo a quarantine of five days.

DR. G. V. POORE, Assistant-Physician to the Charing-cross Hospital, will deliver at that institution the first of a course of evening lectures on Electro-Therapeutics, on the 10th June, at eight o'clock. Members of the profession or students are invited to attend.

WE regret to learn that Mr. Platt, one of the Poor-law medical officers for Marylebone, has been compelled through advanced age to send in his resignation to the guardians. Mr. Platt has now served the parish for nearly forty years.

A MEETING was held at Birmingham on Tuesday, chiefly attended by ladies, for the purpose of forming an association for promoting the admission of women into the medical profession.

THE City Court of Sewers have issued printed rules and regulations to inspectors of meat, slaughterhouses, and cowhouses, which, if rigidly carried out, will reduce the sale of putrid meat to a minimum.

A MEETING of the General Committee of the Druitt Testimonial Fund will be held at 1, Brook-street, Hanover-square, on Saturday, the 7th June, at four o'clock, to receive the report of the sub-committee.

THE St. George, Hanover-square, Board of Works have agreed to supply their medical officer with the apparatus necessary for performing his work as analyst, at a cost of £40.

DR. ALLCHIN, who was lately in medical charge of the *Great Eastern*, has been appointed Assistant-Physician to the Westminster Hospital.

THE next House Dinner of the Medical Club will take place on Wednesday, the 11th of June, at seven o'clock, on which occasion Sir William Fergusson, Bart., will preside.

A MEETING of the Council of the Metropolitan Hospital Sunday Fund will be held at the Mansion House this day (Friday) at 2.30.

FROM Monte Video we learn that the yellow fever is fast disappearing, and that the port of Buenos Ayres will soon be reopened.

THE Prince and Princess of Wales on Tuesday last opened a new infirmary and dispensary at Wigan.

WE understand that Dr. D. Campbell Black's work on Urinary Diseases is being translated into French by Dr. Picard, of Paris.

THE City of London is now divided into three districts, with an Inspector under the Adulteration Act for each district.

NOT a single case of small-pox was reported in Whitechapel during the last quarter.

THE *Maidstone Journal* reports that the appearance of the hop plant is at present very unsatisfactory.

SECOND REPORT OF THE COMMITTEE OF REFERENCE FOR AN EXAMINING BOARD IN ENGLAND TO THE CO-OPERATING MEDICAL AUTHORITIES.

THE Committee of Reference, having in their First Report described the number of Examiners to be appointed and the manner in which it is proposed to conduct the Professional Examinations, beg leave, in this their Second Report, to submit to the Co-operating Medical Authorities, for approval, a Scheme for the Payment of the Examiners and other expenses incidental to the Examinations.

I.—*The Payment of Examiners.*

The Committee of Reference recommend that the examiners be not paid at present by a fixed annual sum, but by fees varying according to the extent and importance of the services rendered. When, however, the proposed plan of examinations shall be in full operation, it may be considered more desirable that a fixed annual sum be paid to each examiner.

A scale of fees based on this principle, and calculated on the average number of candidates examined during the last five years at the College of Surgeons, is now submitted to the Co-operating Medical Authorities, the average payment proposed being very nearly the same as that at present made to the members of the Court of Examiners of the College of Surgeons.

Assuming that when the proposed plan of examinations shall be in full operation the number of candidates will be about the same as the number now examined at the College of Surgeons—namely, at the First Examination 576, and at the Pass Examination 384—the sum which the examiners shall receive annually may be estimated as follows:

Each Examiner on—

Chemistry	about	£100
Materia Medica, Medical Botany and Pharmacy	„	100
Anatomy and Physiology	„	130
The Principles and Practice of Medicine	„	150
The Principles and Practice of Surgery	„	150
Midwifery and Diseases peculiar to Women	„	150

With a view to the payment of the examiners according to this scale the Committee of Reference recommend for the present:—

1. That an examiner on any of the three subjects of the First Examination—viz., Chemistry, Materia Medica, Medical Botany and Pharmacy, Anatomy and Physiology—receive a fee of two guineas for each attendance at a written examination of three hours' duration.
2. That the written answers of every candidate so examined on Chemistry, or on Materia Medica, Medical Botany and Pharmacy, be read and judged of by two examiners; and that every examiner engaged receive a fee for reading the written answers, in the proportion of two guineas for every twenty-four candidates.
3. That the written answers of every candidate so examined on Anatomy and Physiology be read and judged of by two examiners; and that every examiner engaged receive a fee for reading the written answers, in the proportion of two guineas for every twelve candidates.

4. That for the oral and practical examinations on Chemistry, and on Materia Medica, Medical Botany and Pharmacy, every examiner engaged receive a fee in the proportion of two guineas and a half for every twenty-four candidates examined.
5. That for the oral and practical examination on Anatomy and Physiology, every examiner engaged receive a fee in the proportion of four guineas for every twenty-four candidates examined.
6. That an examiner on any of the three subjects of the Pass Examination—viz., the Principles and Practice of Medicine, including medical anatomy and pathology; the Principles and Practice of Surgery, including surgical anatomy and pathology; Midwifery and Diseases peculiar to Women—receive a fee of four guineas for each attendance at a written examination of three hours' duration.
7. That the written answers of every candidate so examined be read and judged of by two examiners; and that every examiner engaged receive a fee for reading the written answers, in the proportion of three guineas for every twelve candidates.
8. That for the oral and practical examination on the Principles and Practice of Medicine, including medical anatomy and pathology; on the Principles and Practice of Surgery, including surgical anatomy and pathology; and on Midwifery and Diseases peculiar to Women; every examiner engaged receive a fee in the proportion of seven guineas for every twenty-four candidates examined.

It having been settled in the Scheme that the fee to be paid by each candidate for the two examinations conducted by the Conjoint Board shall not be less than thirty guineas (except in the case of any student of an English University specially provided for by Clause 10 of the Scheme) the Committee of Reference recommend that the fee be thirty guineas; and that of this sum fifteen guineas be paid before admission to the first examination, and fifteen guineas before admission to the pass examination; and that in the case of any candidate rejected, the amount paid by him be returned, less five guineas for the expenses of examination.

In the case of any candidate who may elect to be admitted to examination on Chemistry, or to that on Materia Medica, Medical Botany, and Pharmacy, or to both of these examinations, within twelve months after registration as a medical student, the Committee of Reference recommend that such candidate be required to pay a fee of five guineas for each of the three subjects of the first examination in which he is examined; and in the case of a candidate rejected, when so examined, that the amount paid by him be returned, less two guineas deducted from each five guineas paid for the expenses of the examinations.

After the payments to the examiners, according to the scale recommended, a surplus will remain sufficient for other expenses incidental to the examinations.

II.—*The Expenses incidental to the Examinations.*

The Committee of Reference propose to appoint a treasurer or treasurers, by whom one-half of the fees received for the examinations (excepting the fees paid by University students admitted to examination under Clause 10 of the Scheme) shall be paid forthwith to the authorities who, under Clause 11 of the Scheme, grant qualifications to practise after examination by the Conjoint Board. The other half of the fees shall be retained by such treasurer or treasurers, to be appropriated to the payment of examiners and other expenses incidental to the examination.

The Committee of Reference recommend that all expenses incidental to the examinations, of which a separate account can be kept, such as those incurred for advertising, printing, stationery, and postage, be defrayed out of the portion of the fees appropriated for that purpose, and that any surplus remaining after the payment of examiners and the expenses incidental to the examinations, be paid in equal parts to the respective treasurers of the College of Physicians and the College of Surgeons, on the supposition that the officers of those Colleges will be engaged in the business of the examinations.

The Committee of Reference recommend that three auditors of their accounts be appointed annually, one by the Committee of Reference, one by the Royal College of Physicians and one by the Royal College of Surgeons, but that no member of the Committee of Reference be eligible as an auditor.

In conclusion, the Committee of Reference beg leave to state that they are now engaged in preparing regulations relating to the preliminary and professional education of candidates for the examinations to be conducted by the Conjoint Board, as requested by the Royal College of Physicians and by the Royal College of Surgeons. These regulations will form the subject of a third Report of the Committee of Reference to the Co-operating Medical Authorities.

JAMES PAGET, Chairman.

HENRY W. ACLAND.	HENRY A. PITMAN.
GEORGE ROLLESTON.	J. R. BENNETT.
G. E. PAGET.	CHARLES WEST.
G. M. HUMPHRY.	A. W. BARCLAY.
G. H. PHILIPSON.	WILLIAM FERGUSSON.
GEORGE Y. HEATH.	RICHARD QUAIN.
	GEORGE BUSK.

May 12, 1873.

THE SECRETARY OF STATE FOR WAR AND THE NEW ARMY MEDICAL WARRANT.

THE Editor of THE LANCET on the 27th May addressed a communication to the Secretary of State for War, in which, after detailing the circumstances that had arisen in connexion with the new Army Medical Warrant, he requested to be informed whether he was to consider the Memorandum forwarded to him for publication by Dr. Lyon Playfair, M.P., as the production of the Medical Department and of the Director-General, whose signature it bore, or not? as in the former case he was bound to set himself right with his readers at the earliest opportunity. To this the following reply has been received:—

To the Editor of THE LANCET.

SIR,—I am directed by the Secretary of State for War to acknowledge the receipt of your letter of the 27th instant, and to acquaint you in reply that he received a letter from Dr. Playfair, containing *seriatim* a statement of complaints made to him by medical constituents with respect to the recent Medical Warrant. Mr. Cardwell directed a reply to be prepared by the Medical and Estimate departments conjointly, and enclosed it to Dr. Playfair, with an intimation that he had no objection to the publication of his letter, or of the enclosure.

I am to add that the Memorandum, though signed by the Director-General only, embodies also reasons for changes which have been arrived at on financial grounds, and recommended not on grounds suggested by the Medical Department, and would more appropriately have borne also the signature of a financial officer of this department.

I am, Sir, your obedient servant,

Pall Mall, May 30th, 1873. RALPH THOMPSON.

THE CROONIAN LECTURE AT THE ROYAL SOCIETY.

ON Thursday, May the 29th, Dr. B. W. Richardson, F.R.S., delivered his lecture at the Royal Society, Burlington House, Sir George Biddell Airy in the chair. The subject was "On Muscular Irritability after Systemic Death," and the experiments performed in illustration of it proved that certain fishes and other animals were only in a state of suspended functions when apparently dead. A frog, for instance, contained in a piece of ice, revived on the ice being melted in an air bath. John Hunter had shown this first by direct experiment. Was it, said the lecturer, that the cold simply prevented coagulation of the myosine, so that the muscle was held ready for action? Did it simply hold the minute vascular elements in a state of paralysis, so that influx of blood into the muscular fibre was easily permitted on restoration of warmth? Or did the cold suspend the nervous function? The answer was left for future reply. Speaking of the effects of motor forces, the lecturer dwelt

parenthetically on the common practice after sudden death of endeavouring to excite the action of the enfeebled heart by passing through it an electrical current. Some practitioners, he said, had gone so far as to introduce a needle into the heart itself, and to make the needle act as one of the conductors from a battery. Such experimentalists, before they undertook this operation on the human subject, should at least observe the effect of the agency they were employing on the exposed heart of an inferior animal recently and suddenly killed by drowning or by a narcotic vapour. They would learn then with what infinite facility the muscular irritability of the heart, in all its parts, was excited for a moment only to be permanently destroyed. They would learn that if blood be not passing through the muscular structure concurrently with their exciting current they could not more effectually arrest function than by the very method they had adopted to sustain it. On the subject of abstraction and supply of blood, it was shown that in all the cases of restored animation after apparent death, the condition of the heart was that of a muscle acting under the lower degree of tension. In this intermediate stage, between syncope and death, the most striking results were obtainable, but beyond this stage the methods so successful during it were practically useless for restoration. Among the effects of chemical agents, it was stated that the nitrite of amyl was of great service. Frogs had been kept in it for nine days, and yet their muscular irritability and life had been subsequently restored. In one instance this restoration took place after the commencement of decomposition in the web of the foot of the animal. In the whole series of his inquiries on the action of nervous matter, no fact had impressed him more forcibly than this, that the muscular irritability, in so far as it belonged to the muscle, might be sustained for hours after the nervous excitation which called it into spontaneous action had ceased.

FOREIGN INTELLIGENCE.

THE Royal and Imperial Society of Medical Men of Vienna has decided to open its library and hall to medical men visiting Vienna during the whole time of the Exhibition. This decision has been taken in a "confraternal" spirit, with the object of bringing together the medical men of the city and their foreign *confrères*, and offering a place of resort and meeting to the latter.

Advice from Posen, dated May 24th, states that a first case of Asiatic cholera was observed there on that date.

Dr. Pezibram has been appointed Professor of Clinical Medicine at the University of Prague.

Professor Zimmermans, Rector of the University of Turin and Professor of Clinical Medicine, died a few days ago at the early age of forty-nine. He had been eleven years Professor at the Turin University, and his reputation as a teacher always attracted a great number of students to his clinique, which he had rendered one of the most perfect in Italy. He was one of the most ardent opponents of the practice of bleeding, still so prevalent in Italy.

The first operation for ovariotomy ever performed in Spain took place in Madrid in February last. It was performed by Dr. Manrique, amidst a numerous attendance of all the surgical notabilities of the city. The cyst was a multilocular one with numerous adhesions, and the woman died fifty-six hours after the operation.

The study of Histology is in progress in Spain. The Academy of Medicine of Madrid has just bestowed honours on the authors of two prize essays on a Comparative Study of Histology in Germany and France. A chair of Normal and Pathological Histology has also just been founded at the School of Medicine of Madrid.

Dr. Guépin, a medical celebrity of Nantes, in France, died suddenly a few days ago in a railway carriage as he was going from St. Nazaire to Nantes.

Dr. Bazin, the well-known Professor of Dermatology at the Hospital of St. Louis, was recently made an Officer of the Legion of Honour on retiring from his hospital office.

The medical and scientific corporations of France have elected the members who are to represent them in the General Council of Education, recently appointed to decide on all questions of educational reform. Professor Wurtz has been elected by the three Schools of Medicine, M. Milne Edwards by the Faculties of Sciences, and Dr. Barth by the Paris Academy of Medicine.

Correspondence.

"Audi alteram partem."

CLINICAL THERMOMETERS AND THEIR DEVIATIONS.

To the Editor of THE LANCET.

SIR,—Permit me, through your columns, to draw attention to an important practical point in the use of the clinical thermometer.

A short time since my son and I, being in attendance upon the same case—one of puerperal peritonitis,—found that our notes of the patient's temperature differed from time to time. We were led to make exact observation of the readings of several thermometers, with this present result, that of six obtained from three different sources, not one exactly corresponds with another. The variation in three of these, from the same maker, ranged as follows:—

	At 90° F.	At 100°.	At 110°.
1. ...	+·6	+·8	+·8
2. ...	−·6	−·7	−·6
3. ...	+·2	+·2	+·2

These thermometers had been purchased of a maker of the highest character and reliability. Nos. 1 and 2 were bought several years ago, No. 3 only a few weeks since. The three other thermometers having been obtained from three different sources, their readings varied greatly; but, not to extend my remarks, they are here intentionally omitted.

The cause of the above errors is that, even in thermometers made by the most accurate and skilful makers, a gradual but unequal contraction of the glass takes place up to a certain point, during an uncertain period. Corrections, therefore, by comparison with a standard thermometer, become necessary with lapse of time. The observed amount of error should be noted and borne in mind at the bedside.

It is, perhaps, too much to expect that the makers should keep these instruments unmarked until contraction of the glass has ceased; it therefore becomes advisable that medical practitioners should ascertain the amount of error in each at the time of purchasing their clinical thermometers.

That the value of our observations of temperature in our patients must depend upon the correctness of our thermometers is self-evident, while the importance of this point must plead my apology for thus occupying a portion of your space.

I remain, Sir, your obedient servant,

Holloway-road, May 24th, 1873. W. B. KESTEVEN.

VIENNA UNIVERSAL EXHIBITION OF 1873.

MEMORANDUM PAPER.

4th day of June, 1873.

From the Secretary, Royal British Commission, Vienna Exhibition, 1873, to the Editor of THE LANCET, *423, Strand, W.C.*

MR. OWEN presents his compliments to the Editor of THE LANCET, and begs to forward, by direction of her Majesty's Commissioners, the enclosed copy of a letter received from the Director-General of the Vienna Exhibition. He will be glad if the editor will kindly allow the same to be inserted in an early number of his journal.

COPY.

General Direction. Vienna, 20th May, 1873.

SIR,—I hasten to inform you that the Committee of the Imperial Royal Society of Physicians in Vienna have given notice that during the continuance of the Exhibition the Society will have much pleasure in receiving foreign members of the profession as guests at their rooms, Universitäts-platz 2 Stadt, both at their scientific as-

semblies, which are held every Friday, at seven in the evening, and in their reading-rooms, where a large number of scientific journals lie upon the tables.

In making this communication, I can only express the wish that the gentlemen alluded to will make a liberal use of the invitation given them.

With highest esteem, &c.,
(Signed) SCHWARZ SEUBORN.

P. Cunliffe Owen, Esq.,
Secretary-General of the Royal British Commission.

THE WESTMINSTER HOSPITAL.

To the Editor of THE LANCET.

SIR,—While thanking you for your kindly notice of my promotion at Westminster Hospital, I would beg to correct a mistake into which you have fallen.

It is true that the out-patient rooms at Westminster Hospital are in the basement, but it is not just to call them "cellars," for they are fairly light, and certainly not at all "damp." There is no greater grievance in attending the out-patients at Westminster than there is at any other hospital where the present objectionable system of unlimited admission of fresh cases is in force.

I should be sorry that any injustice should be done to our hospital at a time when the committee has just been taking so important a step in advance as the late excellent change in the system of nursing, which has not been effected without much labour and difficulty.

I am, Sir, yours faithfully,
F. E. ANSTIE.

*** We regret that our use of the word "cellars" in describing the out-patient rooms at Westminster Hospital should have given any offence, but it was not our intention to insinuate that no effort had been made to render them moderately comfortable. Our opinion has not, however, been modified by another examination of the rooms, and Dr. Anstie may be congratulated on having undergone such prolonged subterranean labour with so little permanent injury to his health.—ED. L.

FATAL ACCIDENT TO A MEDICAL MAN.

To the Editor of THE LANCET.

SIR,—On Sunday, the 25th of May, Mr. John Serjeant, M.R.C.S., who has for some years past practised at St. Martyn's Green, near Helston, was thrown from his horse, and was so severely injured that he died almost immediately afterwards. Mr. Serjeant, who was a highly respectable gentleman, with a limited practice, has left a widow and six children (the youngest of whom is now only eight years old) in straitened circumstances.

I feel the delicacy of making a general appeal to the public on their behalf, but it occurs to me that I may with propriety state the above facts to my professional brethren through your journal, and I trust that there will be many amongst them who will be ready to assist in the good work which I have in view for the benefit of the fatherless and widow.

Any donations will be thankfully received and acknowledged by me, or Messrs. Vivian, Grylls, and Kendall, bankers, Helston, Cornwall.

Requesting the favour of your inserting this in your next number of THE LANCET,

I remain, Sir, your obedient servant,
WALTER WEARNE, M.R.C.S. and L.S.A.

Helston, June 2nd, 1873.

UNIVERSITY COLLEGE HOSPITAL.—Between three and four hundred persons were present at a ball held at Willis's Rooms on Thursday, the 29th ult., in aid of the funds of this hospital.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The annual dinner of this Society will take place on Friday, June 27, at the Ship Hotel, Greenwich, at 6 for 6.30 P.M. precisely. A former announcement erroneously stated the 20th inst. as the day of meeting.

Obituary.

DR. WILLIAM TYLER SMITH.

IT is our sad duty to record the death of Dr. William Tyler Smith. This took place suddenly at Richmond on Whit-Monday, exactly forty years from the day on which he entered the profession in which he rose to such a distinguished position. Never robust, he had been failing in health for some years. Several severe attacks of epistaxis had prostrated him at no very long intervals. For more than a year he had been known to have albuminuria, his heart was weak, and he had been subject to purpura. Some months ago he had an attack of uræmia, under which he was insensible for some hours. Conscious of the necessity for rest, he had lately spent from Friday to Monday in the country, and he was staying at Richmond when the end came. He had gone down to the river-side, where he was found at half-past five in the afternoon sitting on a garden-step insensible. Mr. Hills, of Richmond, who was on the bridge, was called, and had him removed to the Infirmary, where he was seen almost immediately after by Dr. Withecombe. It is needless to say every attention that skill and kindness could prompt was given. He never rallied, but sank soon after eight the same evening. Dr. Gustavus Murray, who had seen him in the uræmic attack already mentioned, believes that the fatal attack was of the same nature. At a coroner's inquest held next day, a verdict of "Died from natural causes" was returned.

Such was the end of a man whose remarkable abilities had earned for him eminent success in practice and a name which can never be dissevered from the history of obstetric medicine.

He was born in the neighbourhood of Bristol on the 10th of April, 1815. He entered the medical school of that city, and became prosector and post-mortem clerk. He was a zealous student, and was a member of a debating society.

Tyler Smith, like so many others who have shed lustre upon their vocation, was, in the most absolute sense of the word, a self-made man. Of feeble health, his early education had been necessarily neglected. This circumstance, which to most men would have been an irreparable misfortune, was to him, always self-reliant and ambitious, the spur to the attainment of the noblest and best education for work, that which a strong mind achieves for itself. He entered the medical school at Bristol; and when it is told that no other door to the Temple of Medicine was open to the poor scholar, the provincial schools have more than justified their existence. The great metropolitan and university schools have in our day produced few greater men. We believe his medical education was entirely carried out in Bristol; but he sought a career in London. He took the degree of M.B. at the University of London in 1840, and that of M.D. in 1848. He passed the examination for the Licence of the College of Physicians in 1850, and was made a Fellow in 1859. He held the office of Examiner in Obstetrics at the University of London for the usual term of five years.

For several years he was greatly dependent upon literary work. He was long engaged upon the editorial staff of THE LANCET. He then contributed a series of biographies of the leading physicians and surgeons of the metropolis. As the materials for these were drawn from the most authentic sources, their value as historical records must be acknowledged. And howsoever justly some might dispute the propriety of contemporary biography, all must acknowledge the literary skill with which they were composed.

He first practised in Bolton-street, removed to No. 7, Upper Grosvenor-street, and afterwards to No. 21 in the same street. He became intimate with Marshall Hall, and was

deeply imbued with the doctrines of that great physiologist. The result of this is seen in "Parturition, and the Principles and Practice of Obstetrics," a book which he dedicated to his illustrious friend. This work, and the greater part of his "Manual of Obstetrics," were first published in the form of lectures in THE LANCET. Vigorous in thought, wonderfully harmonious and complete in their conception, and written with a grace and clearness of diction of which there had been no example in obstetric literature since the time of Denman, these lectures were almost wholly composed week by week as they were wanted for the journal. They were written under the hard pressure of many avocations, one of which was the exacting duty of editorial work. The same numbers which contained these brilliant lectures contained vigorous leaders upon topics of general and passing interest to our readers. Whilst his scientific labour was reforming the doctrine and science of a department of medicine, his intellect was exerting a powerful influence upon the polity of the medical profession. The influence these now classical works have exerted upon the teaching of obstetrics is as great as that which Naegele wrought by his "Mechanism of Labour." Yet no works could differ more widely. Mechanics rule supreme in the lessons of the German author; philosophy, informed by physiology, shines in those of the greater English writer. The works of Tyler Smith are the more remarkable because at the time they were written he certainly could not have had any large practical experience. They were the fruit of an intellect singularly sagacious, far-seeing, and comprehensive. The "Manual of Obstetrics," although defective in some practical points, especially as regards the operations, immediately became the favourite text-book in this country; and this place it has retained. To this day no other book can rival it. It has long been out of print. Overwhelming occupations and failing power prevented the author from preparing a new edition. Upon these works Marshall Hall has expressed himself in his "Synopsis of the Diastaltic Nervous System" in the following terms:—"Some years ago Dr. Tyler Smith, at my instance and request, commenced the study of the applications of the reflex function to obstetrics. Since that time he has constantly laboured with great ability and success at this subject. Upon the commencement of his investigations I promised Dr. Smith to assist him in the matter by any suggestions or advice that might occur to me, and I have constantly done so. The result has been one of those works which stamp the age in which we live, and do honour to the science and profession of medicine, and especially of obstetrics, which is now guided by a physiological principle for the first time." The cynic may perhaps detect in this eulogium a shade of magisterial egotism designed to absorb the fame of the pupil. But its truth is incontestable.

The simple enumeration of his other writings would occupy a considerable space. His first work was on Scrofula. It was well written, contained some ingenious views, and had a useful effect in improving his practice. He contributed to the Medical and Chirurgical Society a memoir on "Leucorrhœa," in which this affection was traced to its exact anatomical source. It was admirably illustrated by original microscopical drawings, for which he was chiefly indebted to Dr. Arthur H. Hassall. These drawings have become classical, and have been copied in almost every work on the subject published since this memoir was written.

He also contributed to the Medico-Chirurgical Transactions a memoir on the treatment of "Chronic Inversion of the Uterus" by sustained elastic pressure. The successful case he therein related and the exposition of this new principle of treatment have been followed by like success in other hands. It must necessarily lead to the abandonment of the practice of amputation of the uterus, hitherto regarded as the last resource.

Tyler Smith began his career as a teacher in the private school of the late Mr. Dermott. The lecture-room was a back kitchen of a house in Bedford square; the access was by the area steps. But there was a good class, and a teacher whom no hospital in London could surpass. For deficiency of material he made up by ambition, by a powerful intellect and by determined industry. His manner was ungainly, his utterance not good, he was not a fluent speaker. In spite of these disadvantages, he resolutely declined to write out his lectures; he trusted to spontaneous expression, and by dint of dogged perseverance he became an impressive and effective lecturer and speaker. He was always cool, self-possessed, quick to catch the effect produced by what he was saying. His mind was not sympathetic. He rarely excited enthusiasm in his hearers. But he rarely failed to instruct, to convince, and to lead. No one could hear him without feeling that he was listening to a powerful intellect, whose working was not merely suggestive, but fruitful in its originality, definite and practical in its conclusions.

When St. Mary's Hospital was founded by Mr. Samuel Lane and his friends, Dr. Tyler Smith was appointed obstetric physician and lecturer on obstetrics. He continued his teaching there for the allotted term of twenty years. On his retirement he was elected consulting obstetric physician.

Nor was it by his teaching alone, oral and written, that Tyler Smith raised the position of obstetric medicine. He saw with just indignation that this branch of medicine, held in inferior esteem by those who held despotic sway over medical education, was utterly unrepresented in the governing bodies of the colleges, and its study shamefully discouraged. He saw there was little to hope from "pure" physicians and surgeons, who, glorying in their ignorance, naturally took little heed to promote the scientific cultivation of obstetrics, or to improve the status of those who taught and practised it. He contemplated the institution of an obstetric college. He founded the Obstetrical Society of London. Many may question the wisdom of the first project, but few would be able to refute the arguments by which he supported it. None will now question the wisdom of the second project. The Obstetrical Society is a magnificent success. It owes to Tyler Smith not only its creation, but its consolidation and much of its now flourishing condition, to his valuable scientific contributions in memoirs and in debate, and to his signal capacity for business. He vigorously resisted the attempt made to merge it in the Medical and Chirurgical Society. Rescued from the ignominious position of a section, it preserves its independence and grows year by year in numbers, in power, in activity, and in usefulness. The whole conduct of Tyler Smith in relation to this society has been marked by the single desire to promote its success. To achieve this he never sought personal ends. Although not on friendly terms with the late Dr. Rigby, he not only made him the first president, but moved his re-election for three successive years, postponing his own undoubted claim in order to secure the *prestige* of Rigby's popularity. When Rigby died all felt that the time had come to place Tyler Smith in the vacant chair.

The Obstetrical Society, at its ordinary meeting on Wednesday, paid the signal honour to his memory of adjourning its proceedings after passing a resolution recording its regret for his loss and sympathy with his family.

Scientific and professional work could not satisfy his restless energy. He entered upon undertakings of a com-

mercial character. He was associated with the late Mr. Wakley in the establishment of the New Equitable Life Assurance Society, one leading feature of which was to secure the just acknowledgment of the professional services of medical men, which the existing offices mostly denied. Tyler Smith was one of the first directors of this institution. When it was united to the Briton Life Office he became deputy-chairman of the united companies.

He conceived the idea of raising the decayed borough of Seaford to the position of a sanitarium and fashionable watering-place. He purchased a considerable piece of land in and adjoining the town, and leased more from the corporation on the condition that he should secure it against the frequent submersion by the sea and build upon it. This speculation severely tasked his energies and his time. He was active in promoting the foundation and success of the Convalescent Hospital. He was made a Justice of the Peace; and at one time contemplated entering Parliament.

It is given to few men—to one or two only in a generation perhaps—to steer through the rivalry of active professional life in London without giving some ground for criticism. Tyler Smith certainly was not one of these. Nor could he be. Starting poor and friendless, with all the world before him, conscious of his own worth, ambitious of fame, and not indifferent to worldly success, he had to struggle hard for both. He could not help seeing, and he felt it keenly, that high place, influence, and profit were too often the heritage of nepotism and the reward of servile mediocrity. He boldly asserted his own superior right; he fought for it; won it by sheer force of character, by unflinching tenacity of purpose, and by the yet higher merit of honest and brilliant work. In the fierce struggle he left some of his competitors wounded on the field, himself not unscathed. These incidents in his personal career will soon be forgotten. They cannot linger even in the breasts of those of his survivors who at one time felt themselves aggrieved. And this may truly be said of Tyler Smith, which cannot be said of many men, that he has left behind him not only a competent inheritance for his family, but a great and enduring legacy to mankind, and an honourable name to be added to the long list of the worthies of British medicine. He will be buried at Blatchington, near Seaford, where he had a residence, this day (Saturday).

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed the first part of the professional examination for the Fellowship of the College on the 28th ult.:—

E. Corton and G. T. Thomas, St. Bartholomew's Hospital; W. Edmunds and H. W. Verdon, St. Thomas's Hospital; E. M. Cooke, J. K. Fowler, R. W. Lyell, and A. H. Jones, King's Coll.; A. J. Pepper, L. J. Hobson, and B. M. S. Roth, University College; W. J. Tyson, Guy's Hospital.

Professor Holmes will commence his course of six lectures on the Surgical Treatment of Aneurism in its various forms on Monday next.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 22nd and 29th of May:—

Johnson, Cottingham Greaves, Clapham.
Webb, William Edward, Wimborne Minster.

As Assistants in Compounding and Dispensing Medicines:—

Brouard, Edw. James, Guernsey.
Herd, Henry Wilson, Sedbergh.
Higginson, Alfred, Bolton.
Loomes, Charles Benjamin, Leicester.
Matcham, Edward, Lowestoft.
Wheatley, Arthur Wm., Stratford-on-Avon.
Wrigglesworth, George, Hull.
Moorhouse, William, Wakefield.

H.R.H. THE DUKE OF EDINBURGH will distribute prizes to the successful students of the medical department of King's College this day (Friday), at 3.30.

CANCER HOSPITAL.—The twenty-second annual meeting of the Cancer Hospital at Brompton was held on Friday, the 30th ult. Mr. D. W. Mocatta presided. The report showed a falling off of legacies, but an increase of donations. The total number of admissions was 790.

Medical Appointments.

AITKIN, J., L.F.P. & S. Glas., L.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Lochmaben, Dumfriesshire, vice Spence.

ANDERSON, W., F.R.C.S., Demonstrator of Anatomy, has been appointed Professor of Medical Science at the new University of Yeddo, Japan.

BLAND, G., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer of Health for the Borough of Macclesfield.

BLUNDEN, M. R., M.B., C.M., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Knocktopher Dispensary District of the Thomastown Union, vice Johnston, resigned.

BROWNING, B., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Bridge Union, Kent, vice Kersey, resigned.

CAMPBELL, Dr. J. A., has been appointed Medical Superintendent of the Cumberland and Westmorland Asylum, vice Clouston, appointed to the Royal Edinburgh Asylum.

CARR, W., M.B., L.R.C.S.Ed., L.M., has been appointed House-Surgeon to the Royal Infirmary, Dundee.

DUPRÉ, Dr. A., has been appointed Public Analyst for Westminster: £100 per annum.

DYER, A. K., M.D., has been appointed Medical Officer of Health for Sutton-in-Ashfield, Notts.

EAGER, T. C., L.R.C.P.Ed., M.R.C.S.E., L.M., has been appointed Medical Officer to the Royal Dramatic College, Maybury, Woking Station.

GIBSON, C., M.D., has been reappointed a Physician to the Newcastle-upon-Tyne Dispensary.

GOODALL, J., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer to the Lincoln United Friendly Societies' Dispensary.

GRAINGE, J. H., M.D., has been appointed Public Analyst for Gravesend.

HEALY, J., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Attendant to the Royal Irish Constabulary, Waterville, Co. Kerry, vice Donovan, deceased.

JONES, Mr. E. T., has been appointed Public Analyst for Wolverhampton.

KERRELL, A., M.R.C.S.E., has been appointed House-Surgeon to the London Hospital.

LETHEBY, Dr. H., has been appointed a Public Analyst for Kent.

M'CALLUM, R., L.F.P. & S. Glas., has been appointed Parochial Medical Officer and Public Vaccinator for Lochbroom, vice M'Fadyen, resigned.

MARSHALL, J., F.R.C.S.E., F.R.S., has been appointed Professor of Anatomy at the Royal Academy of Arts, vice Partridge, deceased.

MAUDSLEY, Dr. H., F.R.C.P., has been appointed Consulting Physician to the West London Hospital, Hammersmith, vice Dr. H. Bence Jones, F.R.S., deceased.

MUTER, Dr. J., has been appointed Public Analyst for Clapham; also for Rotherhithe, and for Bermondsey.

PALMER, W. J., M.R.C.S.E., has been appointed Medical Officer for the North District of the Great Yarmouth Union, vice Wyllys, resigned.

PURCELL, J. G., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for the Knutsford District of the Altrincham Union, vice Gent, resigned.

SEABROOK, W. M., M.R.C.S.E., has been appointed Medical Officer for the Skidburn District of the Clitheroe Union, vice Smithies, resigned.

STONE, W. D., M.D., has been appointed a Physician to the Westminster General Dispensary.

TIDY, Dr. C. M., has been appointed a Public Analyst for Hertfordshire; also for East Sussex, and for Kent.

WALLIS, A. J., M.R.C.S.E., has been appointed Medical Officer for the Totnes District of the Totnes Union.

Births, Marriages, and Deaths.

BIRTHS.

COLLINS.—On the 2nd inst., at Cheltenham, the wife of John C. Collins, M.D., late of the Indian Medical Service, of a daughter.

FRY.—On the 29th ult., at Wateringbury, the wife of J. W. Fry, M.R.C.S.E., of a son.

FYFE.—On the 26th ult., at Montpelier-square, the wife of A. Fyfe, M.D., of a son.

GAMBIER.—On the 31st ult., at Northumberland-terrace, Regent's-park-road, the wife of T. Gambier, M.R.C.S.E., of a daughter.

ROBERTS.—On the 2nd inst., at Holyhead, the wife of Dr. John Roberts, of a daughter.

STOKOE.—On the 26th ult., at Peckham-rye, the wife of P. H. Stokoe, M.D., of a daughter.

MARRIAGES.

FERGUSON—BOISSIER.—On the 7th ult., at All Saints', Cheltenham, G. R. Fergusen, M.B., M.A., to Amelia Laura, daughter of Major John W. Boissier.

HATTIE—NICHOLSON.—On the 6th ult., at the Cathedral, Antigua, Alex. G. Hattie, M.D., to Mary, daughter of the Hon. Thomas Nicholson, M.D.

DEATHS.

CRISP.—On the 14th ult., B. J. Crisp, M.R.C.S.E., of Harleston, Norfolk, aged 81.

EAGER.—On the 20th ult., John Kirby Eager, M.R.C.S.E., of Ripley, Surrey, aged 61.

GRIFFITH.—On the 31st ult., John Griffith, M.R.C.S.E., of Llwyndaris, Newcastle-Emlyn, formerly Surgeon 15th Hussars.

HEAD.—On the 28th ult., W. C. Head, M.R.C.S.E., House-Surgeon at the Beckett Infirmary, Barnsley, aged 24.

LINDO.—On the 2nd inst., Zechariah Lindo, M.R.C.S.E., of Blomfield-terrace, Harrow-road, aged 60.

MACKENZIE.—On the 20th ult., at Marston, J. Mackenzie, M.R.C.S.E.

SERJEANT.—On the 24th ult., John Serjeant, M.R.C.S.E., of St. Martin, Helston, Cornwall.

WILLIS.—On the 23rd ult., at Lansdown-crescent, Cheltenham, Dr. Sherlock Willis, aged 77.

WILLS.—On the 29th ult., John Wills, M.D., of Shaftesbury, aged 45.

Notes, Short Comments, and Answers to Correspondents.

IN consequence of the great pressure on our space, we are compelled to defer the publication of several important articles until next week.

Mr. Geo. M. Pitlock.—To the question "whether it is correct professional conduct for a medical man on commencing practice in a town to send his medical works for review to a local journal, and thus to obtain publicity for his name, address, and qualification," we have to answer as follows: It does not follow that because a medical man sends a book to a local paper, he either seeks or will secure the publication of his address. From a statement made to us by the author in question, he admits the objectionable nature of the paragraph, which is indeed extremely poor and worthless, regarded as a notice of the works. We are not prepared to say that a medical man is not to send his book for review to a local paper; but for a gentleman "commencing practice" to forward a work of no immediate or local interest to local papers, and this not a new book, is not in good taste. He is more likely to get his address published than his book reviewed, and he must not be surprised if he gets blamed. At the same time it would be possible to punish too severely such an error of taste, which may have been committed partly from inadvertence.

H.—We never recommend a particular physician.

THE NEW ARMY MEDICAL WARRANT.

To the Editor of THE LANCET.

SIR,—In the correspondence between Mr. Cardwell and Dr. Lyon Playfair, M.P., as recorded in THE LANCET of May 24th, page 753, there is no guarantee that Mr. Cardwell's answers will be acted on by his successor; and it is possible (if not most probable) will be ignored as required. Therefore, by an addition to the last Medical Warrant, making the answers *law*, it would set the matter at rest, and afford security to those concerned. The sooner this is done the better, as Mr. Cardwell's tenure of office is rather problematical at present.

With reference to retirement through age, if rescinded, this would be breaking faith with all medical officers who entered the service prior to the Medical Warrant of October, 1858, and thus it is not considered that this should be rescinded. It is well known that Warrants are not enacted to do injury, but benefit to those affected. Many men are well able to perform their duties up to sixty-six years of age, if not longer; and it is thus considered that so long as a medical officer is mentally and physically fit to perform his (medical) duties, he ought to have the option to remain—i. e., to serve on. This, no doubt, to some extent may retard promotion in the senior or administrative ranks; but this can be obviated by giving an increase of pay on retirement to that existing. It is thus suggested that all medical officers of twenty-five or more years' service (on passing a Medical Board) be allowed to retire on the full daily pay of their respective ranks. As it is now, a surgeon-major of twenty-five years' or more full-pay service can only retire upon 20s. per day (i. e., £365 per year); but a navy staff surgeon can retire on £400 per year (*vide* Quarterly Navy List, page 397, clause x., par. 27). Surely such a difference ought not to exist between the two services. Besides, the navy chaplains, secretaries, and paymasters can retire on £450 per year. Why £50 per year more is granted to the three ranks just quoted I could never understand.

Now, as the *name* of assistant-surgeon is obsolete, and all are styled surgeons-major subsequent to fifteen years' full-pay service, ought not another title be given to surgeons-major of twenty or more years' service? Say senior surgeon-major, as has been suggested.

Yours obediently,
May, 1873. A MEDICAL OFFICER.

Pisciculfor, (Kew.)—We have not come to the end of our oyster-supply. The interdict served upon the Colchester oyster-men at the instance of the Crown lessees has led to the discovery of large oyster-beds in the bay of Luce. While the interdict was in force, both stranger and crafts were probing other parts of the bay, and came on two considerable banks of the savoury mollusc off Burrow Head. Twenty-seven cutters are engaged at these beds, and during the last two weeks their takes, representing four days' work each, have ranged from 20,000 to 30,000 each boat.

WE regret that *Dr. Orange's* statement with regard to the apparatus used at the recent fatal administration of chloroform arrived too late for insertion. It shall be published next week.

An Inquirer, (York.)—Mr. Herbert Spencer's papers on Sociology are published in the *Contemporary Review*.

PRIMARY EXAMINATION AT THE ROYAL COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—Knowing you desire the interest and welfare of students, I venture to write to you concerning what appears to me to be one of our grievances.

Those who have failed at the primary examination at the College on the 28th of April can present themselves again on the 11th of July; whilst those who failed on the 10th of May, only fourteen days later, must wait till November. Now, Sir, it seems most unfair that one lot of men should be allowed to go up again in three months, whilst others must wait six. Many men make a "shot" in April rather than chance the May examination, knowing, should they then fail, that they cannot go up again till November. It is not only the loss of time which it occasions—for one must more or less neglect other work,—but, what is in many cases a matter of very serious importance, there is the addition to the already heavy expenses of students, and this more particularly in the cases of those whose friends live in the country.

I am, Sir, yours obediently,
May 19th, 1873. E. L. G.

P.S.—The same thing happens in November, those who then fail not being able to go up in January, but must wait till April.

DENSITY OF POPULATION AND MORTALITY.

MR. LIDDLE, in his last Report on the Health of Whitechapel, gives the results of an investigation made by him relative to the effect which the density of population has upon the death-rate of particular localities. Selecting certain blocks of buildings on opposite sides of the district, Mr. Liddle arrived at the following results:—Three blocks containing 2369 people gave an area of 8·2 square yards to each person, and the mortality was at the rate of 38·4 per 1000, or 12 per 1000 above the rate for the whole district. On the north side a block containing 1937 persons, with a density of 8·6 persons per square yard, gave a death-rate of only 21·1 per 1000. With an almost equal density there was a difference of 17 per 1000 in the mortality, and this remarkable difference is ascribed by Mr. Liddle partly to the fact that in the one class the people are mostly English Jews, who are particularly sober, industrious, and clean; while the other consists mostly of Irish labourers, who earn a very precarious living, and are dirty in their persons and habits. But when we see how differently these two classes are housed, we cannot think the comparison a very fair one. Of two populations living under fairly equal conditions in other respects, the one which is most closely packed together will, as a rule, exhibit the highest mortality; but when one inhabits a "mass of old and badly constructed houses," and the other is comfortably housed, the rule can scarcely be expected to hold good.

Surgeon-Major, (Guernsey.)—We are unable to afford space for the lines.

"TORRINGTON UNION, NORTH DEVON: MEDICAL OFFICERS WANTED."

To the Editor of THE LANCET.

SIR,—In the last number of THE LANCET we see an advertisement with the above heading. The medical officers are required to fill death vacancies in this union, occasioned by the decease of Mr. Hole at Great Torrington, and Mr. Dingley at Winkleigh.

With the Winkleigh district we can have no interest, as it is nearly twelve miles distant from us. It consists of only one parish (the parish of Winkleigh), 9118 acres in extent, and a population of 1402. The salary offered is £17 10s. a year, and the pauper list is a long one. These facts plainly demonstrate the value of the appointment.

With the Great Torrington district we have an interest. We are the only medical practitioners residing in this small town. One of us has a brother in the profession, and the other two sons, and as a matter of course we should have been willing to take the district, and have divided it between us. The district was offered us, but on terms so inadequate for the duties required that we have been obliged to decline them—viz., a salary of £70 a year, including all medical fees as are prescribed by the Orders of the Poor-law Board, with the exception of those for midwifery at 10s. a case. During the late Mr. Hole's illness, of many months' duration, the duties have been discharged by us, and are being done so now for the benefit of his widow and daughters. Mr. Hole had been the medical officer of the district since 1836, and no increase has been made in the salary, notwithstanding the change in the value of money, the price of horseflesh, drugs, and last, though not least, the increase of pauperism. Twenty-five thousand acres to be ridden over for £70 a year; horses at £35 a piece, and oats 3s. 6d. a bushel, leave nothing for attending the afflicted poor. The whole salary offered would not pay the stable expenses, leaving our time, our professional services, and drugs entirely out of the question. The population of the district is 7509. The number of actual paupers receiving union aid over 500; this at the present moment represents the permanent list. The relieving officer and ourselves (besides this permanent list) calculate that at least 1500 persons in the district apply for casual medical assistance. The late Mr. Hole assured us on his death-bed that his pay for thirty-six years averaged about ninepence-halfpenny a case. One of us is the medical officer of the union house, situate nearly a mile from the town, and contains on an average 120 inmates, and the salary one shilling one penny and the fraction of a farthing a day. The number of inmates has all but doubled since he was appointed; and although he has applied for an increase of salary, no answer has been vouchsafed him. He has offered to discharge the duties gratuitously if the guardians will find the medicines and dispense them. We offered to take the district on the same terms as we ourselves and other medical officers hold smaller districts; but our proposition was not entertained for a moment by the Board. To the honour of the Medical Committee, however, and for which we tender them our cordial thanks, they were unanimous in the opinion that a larger salary should be paid the medical officers.

Such, Sir, are facts which we hope you will not fail to press on the notice of our profession; and we sincerely trust and believe that no member of the profession, after our simple, truthful, and straightforward statement, will so degrade it as to apply for the appointment at the salary offered.

We beg to offer as a comparison the advertisement of the Stockton Union with the one issued by the Torrington Union.

We remain, Sir, yours very faithfully,
CHARLES RD. JONES.
Great Torrington, June 2nd, 1873. RICHD. AUGUSTUS ROWE.

Rodius.—1. Our correspondent will find an account of the various forms of spermatozoa in mammals and their differences from those of man in Mr. Power's translation of Stricker's Manual of Histology, vol. ii.—2. A superintendent of police has no right to examine or to comment on the evidence of a medical witness in a coroner's or a magistrate's court, except through the presiding magistrate.

E. N. L.—We cannot undertake to pronounce any opinion about Insurance Companies.

THE LEAVESDEN SCHOOLS.

To the Editor of THE LANCET.

SIR,—I trust you will correct the mistake you made in your annotation last week, headed the "Leavesden Schools," relative to St. Pancras guardians. The increase of salary unanimously agreed was from £70 to £100, with other advantages. Your remarks place me in a very unenviable position, having stated to many of my medical friends the spontaneous increase of £30.

Yours, &c.,
Watford, June, 1873. ALFRED RUDYARD, Medical Officer.

HEALTH-RESORTS AT HOME.

OF the thousands who will assemble at Ascot next week, how few are aware that the locality is one of the very healthiest in England, and greatly superior as a resort for the invalid to foreign places, which are reached with trouble and expense, and in the end prove frequently abortive. All the surrounding region—Bagshot, Sunningdale, Ascot, Sunninghill—has long been known to the profession as unexceptionable in soil and in natural drainage; while the air has special advantages which recommend it to all, but especially to those whose pulmonary organs are weak. The pine plantations that stud the neighbourhood for miles emit at evening a delicious fragrance, as grateful to the lungs as it is pleasant to the smell. The late Sir James Clark occupied the Royal residence in Bagshot Park to the day of his death, and was never tired of praising its salubrious advantages. With a view to prepare it for Prince Arthur, the Crown architect and surveyor have just been visiting it; while it is in contemplation to erect a still finer house on a more picturesque site in the Park. Our resources in the matter of health-resorts are either unknown or imperfectly appreciated—and none more so than that portion of Surrey which Sir James Clark was wont to call the most salubrious in England.

Indagator, (High Wycombe.)—Yes, the latest researches on the physiological action of light are by Dr. M'Kendrick and Mr. James Dewar, of Edinburgh. They have recently obtained a change in the electro-motive force of the retina, even by feeble moonlight. The same effect obtained in the eyes of mammals, birds, reptiles, amphibians, fishes, and crustaceans, established on a wide basis the fact that the specific action of light on the retina is a change in the electro-motive force of the optic nerve. The retina becoming fatigued under the action of light, the eye is more sensitive to variations in light of low intensity than to variations in light of high intensity. It is highly probable (say they) that the action of light on the retina is similar to that produced on a thin photographic plate or film. Further investigation (they think) will be required to establish this point.

A Provincial Pathologist.—Dr. Green's Manual of Pathology and Morbid Anatomy, published by Renshaw.

AN UMBILICAL HERNIA IN A NEWLY-BORN CHILD.

To the Editor of THE LANCET.

SIR,—The following case is unique in my experience, and perhaps sufficiently interesting for publication.

I was lately called by a poor Spaniard to see his newly-born child. He told me he believed the midwife had, in dividing the cord, opened the abdomen, and all the bowels had escaped. I found the child tightly enveloped from hips to shoulders with coarse, hard bandages, above which, lying on its neck, and below between the thighs, I could see protruding coils of intestine. On unrolling the child, I found the cord had been divided in the usual place; but that the part next the skin had been developed into a herpial sac the size of a hen's egg, very thin and transparent and lined with peritoneum, much congested, and communicating with the abdomen by an orifice of the diameter of a cedar-pencil. This sac had either ruptured during labour or been opened by the midwife, and the result was that the straining of the child had, besides the original contents of the sac, protruded the cæcum and appendix, ascending and transverse colon, and the greater part of the small intestines. They appeared dark and congested; there was a little bleeding from several points, and there was much fluff adhering from the bandages. The greatest possible difficulty was experienced in returning this large mass, from the minute size of the orifice and the violent expulsive efforts of the child; but after more than an hour's patient coaxing, the whole was returned. The orifice in the true skin I secured by an extemporary clamp, and closed with wire sutures. I had afterwards some trouble with a mass of fungous granulations, which I removed by ligature, and the wound then rapidly closed. The child is now (May 26th) five weeks old, and strong and healthy, and has never had a bad symptom. The intestines were exposed just four hours.

Perhaps it would have been better practice to have enlarged the opening; but who could tell the child was going to be so tolerant of inflammation?

I am, Sir, your obedient servant,

CLARENCE VISICK,

Malaga, May 26th, 1873. Late Obstet. Assist. to St. George's Hospital.

C. H. R., (Dublin.)—We owe our correspondent an apology for the delay that has taken place. He is, doubtless, aware that by a late Warrant the titles have been altered. The pay varies according to length of service. A surgeon-major of the British Service in India, after twenty years' service, has about £106 per month; and after twenty-five years' service, £109 a month. In the Cavalry and Horse Artillery there is some extra allowance to medical officers. In the Indian Medical Service the pay varies likewise with the length of service; but the different kinds of charge very materially affect the rates of pay. A surgeon-major of the Indian Medical Service, after twenty-five years, receives £88 per month, and £80 after twenty years; but this only includes the pay of the rank, and is quite irrespective of that belonging to medical appointments, whether civil or military.

Anglo-Indian.—On the coast which our correspondent mentions we should give the preference to Ilfracombe. Not the least of its advantages is an excellent hotel. We believe a new pier has been recently constructed there.

A DISCLAIMER.

MR. PRITCHARD begs to inform the Editor of THE LANCET that he had no personal knowledge of the article reprinted from the *West Essex Observer*. A disclaimer appeared in the following week's impression. Mr. Pritchard is not a fellow of the College of Surgeons, as stated, but a licentiate of the Faculty of Physicians and Surgeons, Glasgow, and the Apothecaries' Company, London.

Clavering, June 2nd, 1873.

METALLIC MERCURY IN THE TISSUES.

H. H.—Our correspondent quotes an account of an autopsy made by Professor Hyatt, of Vienna, in which it is stated that the Professor, on striking the leg-bone heavily, observed thousands of glittering globules of mercury to fall out from it, and asks whether this is possible? In reply, we are disposed to admit the possibility of it, providing the mercury was administered in the metallic form, as used to be the case in former times as a means of cure for obstruction of the bowels, or was rubbed in in the form of unguentum hydrargyri, in which ointment the mercury may be seen forming minute globules with moderate powers of the microscope. No metallic mercury would be obtained in cases where corrosive sublimate or calomel had been used.

Indophiles, (St. Andrews, N.B.)—Up to 1835, when it was decided by Lord William Bentinck that English should be the language of the higher instruction, medicine was studied in Sanskrit and Arabic in the Sanskrit and Madrissa Colleges in Calcutta. A Medical College was opened, in which (notwithstanding the protests of the natives) the art of healing was taught according to the highest European standards, including dissection of the human subject. The first Hindoo who overcame the traditional reluctance to dissect was one whose portrait adorns the theatre of the College—one Pundit Modoosoodun Goopto. Two assistant-surgeons, Bramley and Goodeve, sufficed for the teaching staff. Scholarships came in to attract Mussulman and Hindoo, while the unprejudiced Christian and East Indian needed no such inducement. In 1859 Lord Dalhousie opened the hospital which the wealthy natives of Calcutta had raised as a practical school of medicine, and since then college and hospital have alike prospered, to the diminution of the legion of native enchanters and quacks, who levied black mail on the people.

Mr. C. J. Browne, (Dublin.)—It is contrary to our custom to nominate anyone. Our correspondent had better take the opinion of his usual medical attendant as to whom he should consult in the matter.

Obstetricus.—The Secretary is Joseph Mullen, Esq., to whom application should be again made for the information required.

"CHANGE OF COLOUR IN THE HAIR."

To the Editor of THE LANCET.

SIR,—Being fond of medical subjects, I am a constant reader of THE LANCET, and in turning over a batch of old numbers to-day I read the remarks on "Change of Colour in the Hair." Some considerable anxiety a few years since produced a marked change in the colour and condition of my hair. You observe it would be interesting to know how the white colour makes its appearance—from the apex to the root, or *vice versâ*. As to this, I have just pulled out of my beard, which ought to be jet black, a long hair, the extreme tip of which for an inch is white. I have constantly seen in my beard hairs resembling a porcupine's quill—viz., black-brown, white-brown, black, and so on. I may add that doses of phosphorised oil in cod-liver oil so restored (some time since) my hair, and that in about a week, that I could not persuade my relatives that I had not been dyeing my hair. Phosphorus always has this effect on me, and increases the growth and quality of my hair, and restores the colour in the irides of my eyes. Both these effects were produced in a friend of mine to whom I gave the prescription.

I do not know whether all this is stale news. If not, I shall be happy to give any more details; but, from the experience I have had, it would appear the nervous system is the principal agent.

Your obedient servant,

May 25th, 1873. M.A. OXON.

S. A. N., (Exeter.)—The difficulty of finding decent accommodation for working men is one of the problems of the day. In Paisley, for instance, when a tenement of one or two apartments was advertised to be let, between forty and fifty artisans applied for it!

Pharmacist, (Hull.)—No; the quinologist lately appointed under the Government of India to the Sikkim Chinchona plantations is Mr. (not Dr.) C. H. Wood, F.C.S., editor of the "Year-book of Pharmacy," issued by the British Pharmaceutical Conference.

H. H. H.—The date of the next competitive examination for the Indian Medical Service has not been announced. There will probably be one in August.

Medicus.—We do not keep an index of such answers. There would be no impropriety in our correspondent signing himself M.D. Erlangen.

J. L. should study medicine in a regular way.

SUBCORACOID DISLOCATIONS.

To the Editor of THE LANCET.

SIR,—A plan for the reduction of subcoracoid dislocations, which I have not seen described in any of our surgical text-books, has been practised at the London Hospital during the last few months. I believe the idea was introduced by Mr. John Cooke, house-surgeon. The *modus operandi* is as follows:—Suppose the right humerus to be dislocated, the patient is put to sit on a common chair; the surgeon places his left hand under the patient's elbow, just to support it, the forearm being semi-flexed; with his right hand he then grasps the patient's right hand, and carries the forearm outwards and backwards, causing the humerus to rotate outwards till the head is felt to enter the glenoid cavity, which it generally does with the greatest ease. As dresser, I have myself had the opportunity of practising this mode of reduction in nine cases, all of which were perfectly successful on the first attempt. Although my experience has been very limited, I believe the adoption of this plan gives less pain to the patient; it is devoid of the dangers attending the extension and so-called manipulation plans of reduction, as very much less force is required. It appears to me that the bone is brought into its place by the capsular ligament winding around the neck when the humerus is rotated, and thus draws the head towards its natural receptacle.

Your obedient servant,

May 5th, 1873. A STUDENT.

P. P. P., (Glamorganshire.)—The lately issued return of the Local Government Board shows a considerable diminution of pauperism in the country. At the close of the last parochial year there were 853,915 paupers in receipt of relief in the several unions of England; while at the corresponding period of the previous year there were 907,047, showing a decrease in 1873 of 54,132, or 6 per cent. It is remarkable that in the metropolis about two paupers are relieved out-door to one in-door; whereas in the south-western counties the proportion of out-door is about eight to one.

A Surgeon should represent his case, taking care that all statements of fact are accurately given.

Knight Templar, (St. Bees.)—America has an institution called "Hospital Fair." At the one to be held at Portland, Longfellow will publish his new poem in a paper of that town.

Anti-Humbug.—We were not aware of the fact, or we need scarcely add the communication would not have appeared.

THE MEDICAL REGISTER.

To the Editor of THE LANCET.

SIR,—As another instance of carelessness in the compilation of the Medical Register, I may mention the case of Patrick Staunton, L.A.H.D. (Galway), who died *at least six years ago*, and who still has a place in the Register.

Yours, &c.,

May 21st, 1873. VIGILANS THE SECOND.

M.D., (Dublin.)—The pay of a Surgeon-General is not quite the same as that which was given to an Inspector-General fifty years ago. It has, however, taken half a century to obtain an increase equal to about 5*s.* per diem in favour of the first-mentioned rank.

A Student, (Nottingham.)—1. Beale on the Microscope.—2. Oliver's work on Botany, published by Macmillan and Co.

J. T. M.—They are separate appointments, but may be held by the same person.

Mr. Arthur Hands.—We shall be glad to receive the paper.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. Pavy, London; Dr. Meadows, London; Mr. T. Holmes, London; Dr. Lankester, London; Dr. Sutherland, London; Mr. Braddon, Manchester; Mr. Bull, Ilfracombe; Mr. Thorne, Dover; Mr. J. Blakey, Carlisle; Mr. R. Wilkins, Westerham; Mr. Coates, Salisbury; Mr. Richards, Oakham; Mr. Bugby, Derby; Mr. Craven, Bristol; Dr. Bacon, Cambridge; Mr. R. Brown, Carnarvon; Mr. C. Jeaffreson, Newcastle-on-Tyne; Mr. Chalfers, Glasgow; Mr. Johns, Northampton; Mr. Visick, Malaga; Mr. Dixon; Dr. C. Black, Glasgow; Mr. Deacon, Cambridge; Mr. Hardwicke, Sheffield; Mr. James, Herne Bay; Mons. Asselin, Paris; Mr. Hinton, Newcastle; Mr. Gourley, Pontypool; Mr. Payne, Leeds; Mr. Vyse, Bexhill; Dr. Moore, Rothwell; Mr. J. Duncan, Edinburgh; Mr. Dawson, Worcester; Mr. Gill, London; Mr. Watkin, Gloucester; Mr. Morris, Watford; Mr. W. Wearne, Holston; Dr. Hastings, Brixton; Mr. Maclaren, Carlisle; Mr. Pritchard, Clavering; Mr. Bishop, Salisbury; Mr. James, Leeds; Mr. Laffan, Cashel; Mr. Ward, Bedford; Mr. Dix, Canterbury; Mr. Pittock, Margate; Mr. Thornhill, Guernsey; Mr. Burton, Walsall; Dr. Dowse, Highgate; Mr. Donaldson, Newcastle; Mr. Wilson, Chatteris; Dr. Stonehaker, Baltimore; Mr. Craven, Coleford; Mr. Booth, Birmingham; Mr. Prowse, Liverpool; Dr. Young, Salisbury; Mr. Thomson, Epsom; Mr. Merton, Cheltenham; Mr. Wilson, Sunderland; Mr. S. M. Bradley, Manchester; Mr. T. Raymond, Coventry; Mr. Fawcett, Dolgelly; Dr. Dyer, Sutton-in-Ashfield; Dr. Waddell, Tombland; Mr. Stuart, Montfort; Mr. Hitchcock, Greenwich; Mr. Rudyard, Watford; Mr. Hayman, Bath; Mr. T. Newcome, Burnley; Mr. Reynolds, Dublin; Mr. Jones, Great Torrington; Mr. South, Evesham; Dr. Coombs, Castle Cary; Mr. Willows, Barnet; Mr. Eager, Wingfield; Mr. Wood, Hornecastle; Mr. Chester, Everton; Mr. Keith, London; Dr. Haughton, Guernsey; Mr. Hunt, London; Mr. Ellis, Birkenhead; Mr. W. Barnes, London; Mr. Corfield, London; Mr. Hards, Wolverhampton; Mr. Smith, Durham; Mr. Roberts, Holyhead; Mr. Napier, London; Mr. Brigham, Farnham; Mr. W. Burton, Stretford; Mr. J. Westmorland, Manchester; Mr. Burton, Mildenhall; Mr. Farebrother, Leeds; Mr. Wilson, Uxbridge; Mr. Crowson, Dudley; Mr. Davis, Olney; Mr. Moore, Neath; Mr. Piggott, Huddersfield; Mr. Wingfield, Nottingham; Mr. G. Bland, Macclesfield; Mr. Morris, Thame; Mr. Forde, Hounslow; Mr. Cooke, Peterborough; Mr. T. Graham, Hallaton; Mr. C. Solomon, Skirlaugh; Mr. W. Kenrick, St. Andrews; Mr. Layton, Horley; Mr. Trend, Highbury; Mr. Allen, Fort William; Mr. Griffith, London; Mr. Murdoch, Galston; Mr. Bond, Biddeford; Mr. Anderson, London; Mr. Renton, York; Dr. Macpherson, London; Mr. Williams, Newport; Mr. Atkins, Stamford; Mr. M'Clure, Glasgow; Mr. E. Caulfield, Godalming; Mr. W. Robinson, Rotherham; Mrs. Bracey, Edgbaston; Mr. R. Smith, Manchester; Dr. Philson, Cheltenham; Mr. White, Sheffield; Mr. Cooke, Hull; Mr. Ingram, Ashford; Mr. Owen, London; Mr. T. Alexander, London; Mr. Martin, Oswestry; Mr. Johns, Bristol; Mr. Horne, Cowes; Dr. Budgett, Paris; Mr. Evans, Addiscombe; Mr. Taunton, Oxford; Mr. Brookes, Holywell; Mr. Adams, Leicester; Mr. Owston, Hayes; Mr. C. J. Browne, Dublin; Mansinella; H.; Obstetricus; J. T. M.; Probitas; L. W. L.; Medicus; L.M.; J. L.; The Principal of King's College; F. L. F.; X.; A Student, Nottingham; Radius; A Medical Officer; Fides; Cirrhosis; Quærens, Paris; Alpha; R., M.D.; &c. &c.

Elgin Courant, Tyrone Constitution, Sheffield Daily Telegraph, Macclesfield Courier, Grant College Students' Journal, La Tribune Médicale, Halifax Times, La France Médicale, Eastern Daily Press, Monthly Microscopical Journal, Liverpool Daily Post, Sheffield Independent, Salisbury Journal, Irish Hospital Gazette, and *Manchester Examiner* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, JUNE 5TH, 1873.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia. in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks.
May 30	30·31	S.E.	49	53	105	64	49	...	Overcast
„ 31	30·23	N.W.	46	59	108	70	45	...	Overcast
June 2	29·88	E.	53	56	108	70	47	0·25	Fine
„ 3	29·88	E.	53	58	104	70	47	...	Overcast
„ 4	29·91	S.E.	56	58	110	75	54	0·35	Fine
„ 5	29·86	N.E.	59	61	97	71	56	...	Overcast

Medical Diary of the Week.

Monday, June 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. T. Holmes, "On the Surgical Treatment of Aneurism in its various forms."
SOCIAL SCIENCE ASSOCIATION.—8 P.M. Mr. F. W. Lowndes, "On Infanticide."

Tuesday, June 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, June 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. T. Holmes, "On the Surgical Treatment of Aneurism in its various forms."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Macpherson: "Notes on the Seasonal Prevalence of some Epidemic Diseases in the Tropics."

Thursday, June 12.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, June 13.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. T. Holmes, "On the Surgical Treatment of Aneurism in its various forms."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.

Saturday, June 14.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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